FOLK MEDICINE IN SOUTHERN APPALACHIA

ANTHONY CAVENDER

FOLK MEDICINE IN SOUTHERN APPALACHIA

ANTHONY CAVENDER

FOLK MEDICINE IN SOUTHERN APPALACHIA

FOLK MEDICINE IN SOUTHERN APPALACHIA

ANTHONY CAVENDER

The University of North Carolina Press Chapel Hill & London

© 2003 The University of North Carolina Press

All rights reserved

Designed by April Leidig-Higgins
Set in Ehrhardt by Copperline Book Services, Inc.
Manufactured in the United States of America

The author and the publisher are not engaged in rendering medical services, and this book is not intended to diagnose or treat medical or physical problems. Any reader with medical or related needs should secure the services of a medical expert. This book is sold without warranties of any kind, express or implied, and the publisher and author disclaim any liability, loss, or damage caused by the contents of this book.

The paper in this book meets the guidelines for permanence and durability of the Committee on Production Guidelines for Book Longevity of the Council on Library Resources.

Library of Congress Cataloging-in-Publication Data Cavender, Anthony P.
Folk medicine in southern Appalachia / Anthony Cavender.
p. cm.
Includes bibliographical references and index.
ISBN-13: 978-0-8078-2824-3 (cloth: alk. paper)
ISBN-10: 0-8078-2824-6 (cloth: alk. paper)
ISBN-13: 978-0-8078-5493-8 (pbk.: alk. paper)
ISBN-10: 0-8078-5493-x (pbk.: alk. paper)
1. Traditional medicine — Appalachian Region, Southern — History. 2. Traditional medicine—Appalachian Region, Southern — Formulae, receipts, prescriptions. 3. Medicinal plants — Appalachian Region, Southern. 4. Materia medica—Appalachian Region, Southern.
[DNLM: 1. Medicine, Traditional—history—Appalachian
Region. wz 309 c379f 2003] I. Title.

GR108.15.c38 2003
398’.353’0974— dc21

2003010305

cloth 07 06 05 04 03 5 4 3 2 1
paper 10 09 08 07 06 7 6 5 4 3

THIS BOOK WAS DIGITALLY PRINTED.

To Norbert F. Riedl and Michael H. Logan

CONTENTS

Preface

Acknowledgments

Introduction. An Overview of Folk Medicine Research in Southern Appalachia

1 Health and Disease in Southern Appalachia

2 The Folk Medical Belief System

3 Folk Materia Medica

4 Folk Treatments

5 Folk Healers

6 Contemporary Perspectives on Folk Medicine in Southern Appalachia

Appendix A. Archival and Manuscript Sources

Appendix B. Frequently Mentioned Medicinal Plants in Sources

Glossary

Notes

Bibliography

Index

ILLUSTRATIONS

Bly family cabin, Mt. Nebo, Tennessee, 1886
“Auntie Bly” at her spinning wheel, Mt. Nebo, 1886
Two boys carrying bags of charcoal, Millers Cove, Blount County, 1886
Dorsey family at breakfast, Blount County, 1886
Caughron family farm, Tuckaleechee Cove, Blount County, 1886
Yearout’s Mill, Tuckaleechee Cove, 1886
School recess at McCampbell’s Mill, Tuckaleechee Cove, 1886
D. B. Lawson family home, Cades Cove, Blount County, 1886
Children gathered at cider mill, Blount County, 1886
Barn and mill, Pittman Center, Sevier County, Tennessee, 1940
Man plowing with an ox, northeastern Tennessee, ca. 1930s
Cabin on Roaring Fork, northeastern Tennessee, ca. 1930s
Basket weaver, Roaring Fork, 1926
Women hoeing, northeastern Tennessee, ca. 1930s
Main Street, Sneedville, Tennessee, 1914
Domestic Medicine, 1830
The People’s Common Sense Medical Adviser, 1895
Patent medicine almanacs and advertisements
Drawings of demons from testimony journals of Mary Lou Clark
Client and witness testimonies from journals of Mary Lou Clark

MAPS & TABLE

Maps

1. An Alternate Appalachian Region

2. Insiders' and Outsiders' Appalachia

Table

1. Traditional Medicines Displaced by Commercial Medicines in Hiltons, Virginia

PREFACE

Contrary to the enduring notion of Southern Appalachia as a world apart from the rest of America, this book is premised on an inclusionist orientation, which is to say that Southern Appalachian folk medicine is best understood within the larger context of Euro-American folk medicine. There never was nor is there now a variety of folk medicine unique to Southern Appalachia. To be sure, one can identify nuances of difference in comparison to other Euro-American populations. The fundamental folk medical beliefs used by Southern Appalachians to explain the cause of illness, however, are not peculiar to them. The same beliefs have been well documented among Euro-American populations in other parts of the country as well as among African Americans.

To some observers, past and present, the distinctiveness of Southern Appalachian people is situated not in ethnicity, for it would be problematic to argue that they are a distinct ethnic group, but rather in the commonly accepted belief that they were victimized by culture lag due to geographical isolation. As with other beliefs about Southern Appalachians, however, there is as much that rings false about the idea of culture lag as rings true. It is undeniable that some folkways persisted in the region long after they had been discarded by the more "progressive" Euro-American middle and upper classes in the North. One can easily summon examples of folk medical beliefs and practices in Southern Appalachia that have endured from the late eighteenth century to the present. This study does not dismiss the persistence of folk medicine, nor the presence of an impoverished, under-educated segment of the population that has long been viewed, quite incorrectly, as representative of the region and as the sole bearer of folk medical knowledge. The inclusionist orientation of this study, however, also recognizes the presence in the nineteenth century of a middle class of farmers and merchants and an elite class of large landholding farmers, entrepreneurs, doctors, and lawyers. These people were well educated and curious about the outside world. They were also significant agents of internal cultural change. Ignoring the existence of social stratification, as so

many observers in the past did, in effect precluded an understanding of how folk medicine in Southern Appalachia evolved over time and, more important, how it mirrored the changing health care environment of America. The parallel development of the health care environment of Southern Appa-lachia at the turn of the twentieth century is attributable to industrialization, the active involvement of various benevolent organizations in improving public health, and curriculum reform in the medical schools. Even before these events, however, folk medicine in the region mirrored developments in official and popular medicine as a result of the people's exposure to domestic medicine books, newspapers, almanacs, and patent medicine promotional literature, as well as their direct contact with physicians and patent medicine peddlers. In this context, Southern Appalachia was not shut off from the rest of America at all; to the contrary, it was very much part of it.

In part a historical construction of the folk medical beliefs and practices common in Southern Appalachia from the late nineteenth century to the Second World War, this study begins with a brief overview of the history of folk medicine scholarship in the region, focusing on its limitations in relation to prevailing notions about folk medicine and the people of Southern Appalachia. Chapter 1 examines the epidemiology and health care infrastructure of Southern Appalachia at the turn of the twentieth century and provides an understanding of the region's health problems in a national context. Chapter 2 outlines the fundamental beliefs about the cause and treatment of illness that define folk medicine in Southern Appalachia and explores the origins of these beliefs in terms of the historical interaction of folk, official, and popular medicine. Chapter 3 describes the folk materia medica used by Southern Appalachians in their natural and supernatural remedies and examines the significant influence of the patent medicine and crude drug industry in the region. Chapter 4 illustrates the application of folk medical knowledge with respect to the treatment of specific health problems, including folk illnesses that are not recognized by official medicine. Chapters 2, 3, and 4 are presented in the past tense to be congruent with historical sources but also to indicate clearly that the knowledge and use of folk medicine in the region has diminished dramatically since the Second World War. Chapters 5 and 6 switch from historical construction to a discussion of folk medicine in the more recent past and present. Chapter 5 examines persistence and change in the folk

medical tradition of Southern Appalachia through the lives and work of selected folk healers. The concluding chapter was written with the professional health care provider in mind. Having worked for several years in a university located in the “heart” of Southern Appalachia, the author has frequently encountered faculty in the medical and nursing colleges recruited from outside the region who express genuine concern about patient reliance on folk medicine. Chapter 6 critically reviews recent research done by anthropologists, folk-lorists, and physicians from roughly 1970 to the present that, aside from indicating folk medicine’s resilience and persistence, considers its patterns of use and impact on the health care behavior of Southern Appalachians today.

ACKNOWLEDGMENTS

This book has been long in the making, and in the course of its development I have incurred many debts. First and foremost, I must thank the many people in Southern Appalachia who over the years welcomed me into their homes, generously shared what they knew about folk medicine and related topics, and on many occasions provided a sumptuous country meal. I thank all the students who took my course on Appalachian folk medicine at East Tennessee State University. Their course research projects resulted in an abundance of primary source materials cited in this book.

I am grateful for the assistance of many of the faculty and staff of East Tennessee State University, some of whom deserve special mention. Norma Myers, Ned Irwin, and Georgia Greer of the Archives of Appalachia were instrumental in identifying and locating valuable primary source documents and illustrations. Interlibrary loan librarian Kelly Hensley was indefatigable in locating obscure secondary sources. Much is owed to Robin Feierabend, Judith Hammond, and Roberta Herrin, who carefully read early drafts of the manuscript and offered worthy suggestions for its improvement. I have also benefited over the years from my collegial association with Richard Blaustein, a longtime student of folk medicine. The theoretic orientation of this book was shaped in large measure by discussions with fellow members of the Culture and Medicine Study Group at East Tennessee State University. Founded by Gary Burkette and supported by the Department of Family Medicine, the “culture club,” as we liked to call it, included anthropologists, clinical psychologists, family medicine physicians, folklorists, nurses, psychiatrists, and sociologists who met periodically to discuss a variety of topics related to the cultural context of health, illness, and healing. Regrettably, the culture club no longer exists, but this book is a legacy of its profound influence on the way I think about folk medicine.

The assistance of Erika Brady and Benita Howell cannot be overestimated. Their insightful and highly constructive criticism of the manuscript greatly improved its format and obviated several errors of fact and interpretation that otherwise would have been made. I am grateful to

Michael Montgomery, who generously shared his knowledge of folk medical terminology and also alerted me to the existence of information on folk medicine collected by linguist Joseph Hall in Tennessee and North Carolina the 1930s and later. Robert Cogswell and Joseph Hewgley deserve credit for passing on to me sources of information well before and long after I thought about writing a book. Anne Bridges and Ken Wise went far beyond the call of duty in identifying and preparing the historic photographs located in the Great Smoky Mountains Regional Project at the University of Tennessee, Knoxville.

INTRODUCTION

An Overview of Folk Medicine Research in Southern Appalachia

Scholarly interest in Southern Appalachian folk medicine began during the late nineteenth century when the idea of Appalachian "otherness" emerged in American consciousness. As shown initially by Henry Shapiro and later elaborated on by Allen Batteau, local color writers, journalists, folklorists, historians, anthropologists, and missionaries contributed to the invention of Appalachia's image as a distinct world separate from the rest of America.[1] For some, Appalachia was a place "frozen in time," a place inhabited by the "contemporary ancestors" of America's progressive middle and upper classes. Appalachians were viewed as noble savages of pure Anglo-Saxon blood who, though in one sense culturally backward, nonetheless possessed in large measure those unique American values and virtues upon which a great nation had been built. From the perspective of the progressive WASPS in the Northeast, a journey into Appalachia was tantamount to a journey into the mindscape of their ancestral past. In 1889 anthropologist James Mooney, who had been doing research on the Eastern Band of Cherokee in western North Carolina, offered an incidental observation about Appalachian people in the *Journal of American Folk Lore:* "The mountaineer of western North Carolina belongs to a peculiar type which has been developed by environment and isolation into something distinctly American, and yet unlike anything to be found outside of the Southern Alleghenies."[2] Mooney perceived Appalachians as "uncontaminated by modern civilization" and the region as fertile ground for the collection of cultural survivals. His perspective was shared by many others, but most notably English folklorist Cecil Sharp, author of *English Folk Songs of the Southern Appalachians* (1917), who convincingly advocated "the supreme value of an inherited tradition, even when unenforced by any formal school

education."[3] And so began the search for survivals of early American culture and its British connections in Appalachian folksongs, folktales, folk dance, superstitious beliefs, and folk speech and, concurrently, the emergence of Appalachian "folk" as quintessentially "American folk."

The search for cultural survivals eventually blossomed into a full-blown cultural preservation movement in the early 1900s, which continued well into the 1970s, when folklorists and other scholars became aware of the erosion of Appalachia's folk culture by the forces of modernization. State folklore societies were established in North Carolina (1912), Kentucky (1912), Virginia (1913), West Virginia (1915), and Tennessee (1934) to promote the collection of folklore. At this time, folk medicine was not considered a discrete domain of academic study. Information on folk medical beliefs and practices was collected, albeit incidentally and haphazardly, and more often than not categorized under the rubric "superstitions" in folklore collections. One of the more laudable aspects of the state folklore societies' efforts was the active engagement of laypeople in the collection and documentation of folklore. A perusal of the articles on Southern Appalachian folk medicine published in state folklore society journals, such as *The Tennessee Folklore Society Bulletin* and *Kentucky Folklore Record* (formerly *Kentucky Folk-Lore and Poetry Magazine*), indicates that many of them were written by informed laypeople.[4] In most cases, these articles are based on the authors' memories of folk medical beliefs and practices or such information gathered from older relatives, friends, and neighbors. Almost invariably, the articles are descriptive, usually consisting of lists of home remedies and magical beliefs and practices, and they are frequently tinged with nostalgia. Many of the journal articles written by academicians, however, exhibit the same descriptive format, as do major compendia on folk medicine produced by academicians.[5]

The turn of the twentieth century marks the beginning not only of the cultural preservation movement in Southern Appalachia but also of a health reform movement promoted by advocates of the then relatively new model of scientific medicine known today as biomedicine. In contrast to the perspective of cultural preservationists, health reformers shared the belief of many other Americans that there was nothing noble or endearing about cultural lag in Appalachia and that extreme reform measures were needed to help a population that, as historian Arnold Toynbee observed,

represented the “melancholy spectacle” of a people who once possessed civilization but lost it.[6] The vanguard of the health reform movement comprised women reformers affiliated with Protestant home missions associations, the General Federation of Women’s Clubs, and other benevolent organizations like the Frontier Nursing Service. Working in alliance with physicians, these industrious women, most of whom were college educated and recruited from the Northeast and Midwest, built a health care infrastructure that did not previously exist in many areas and in the process introduced modern medicine to Southern Appalachia.[7]

Women reformers and physicians were not indifferent to folk medicine; most dismissed it not only as wrong-headed and outmoded, but also as deleterious and an impediment to the population’s acceptance of a new and improved official medicine. Many no doubt agreed with Dr. Meriwether Lewis, a physician from Lenoir City in eastern Tennessee. In an article published in an 1877 issue of the *Nashville Journal of Medicine and Surgery*, he first describes some of the strange folk medical practices he had encountered among his patients and then offers the following commentary: “It is vain to ask, ‘can such things be?’ They are. Even in the last quarter of the Nineteenth Century, remedies are used amongst us, that are no less ludicrous and revolting, than was the barbarous *materia medica* of the Sixteenth Century.”[8] Twenty years later, a contributor to the *Journal of American Folklore* described the culture of “mountain whites” as superstition-laden and “derived from a heathen ancestry,” an “ensemble of a practical and speculative medievalism beneath the surface changes of modern times.”[9] Though Lewis dismissed folk medicine as nonsensical, he was nevertheless prescient in his stance that physicians should become more aware of patient dependence on it: “In conclusion, we would say that we have not written the above article merely for the amusement of the reader, nor to while away an idle hour. We have written seriously and in earnest, fully believing that the better the physician is acquainted with the peculiar view of the common-people in regard to disease, and the more extensive his knowledge of their domestic remedies, the greater will be his influence over them for good. He will often find a secret cou[r]se of domestic practice carried on co[n]temporaneously with his own and perhaps neutralizing it completely.”[10]

Unfortunately, the prevailing attitude of the medical and nursing professions toward folk medicine during the health reform movement, which lasted roughly from the late 1800s to the 1940s, was intolerance. It is therefore understandable that physicians and nurses were not inclined to conduct objective, dispassionate studies on the topic. The few references to folk medical beliefs and practices in the articles and memoirs they wrote served to illustrate the inanity and futility of folk medicine and, by contrast, the supremacy of official medicine.[11] Their writings, however, provide a valuable historical perspective on the epidemiology of Southern Appalachia. Official medicine's adversarial relationship with folk medicine is also vividly illustrated in novels situated in Southern Appalachia during the health reform movement. Lucy Furman's *Sight to the Blind* (1914) and *The Glass Window* (1925) are based on her experience as a teacher in a mission school in Hindman, Kentucky. Catherine Marshall's *Christy* (1963) is a fictionalized account of her mother's experience as a teacher in a mission school in eastern Tennessee in 1912. These novels forthrightly address the baleful dimension of folk medicine and the people's resistance to accepting modern medicine.[12]

Methodological Problems

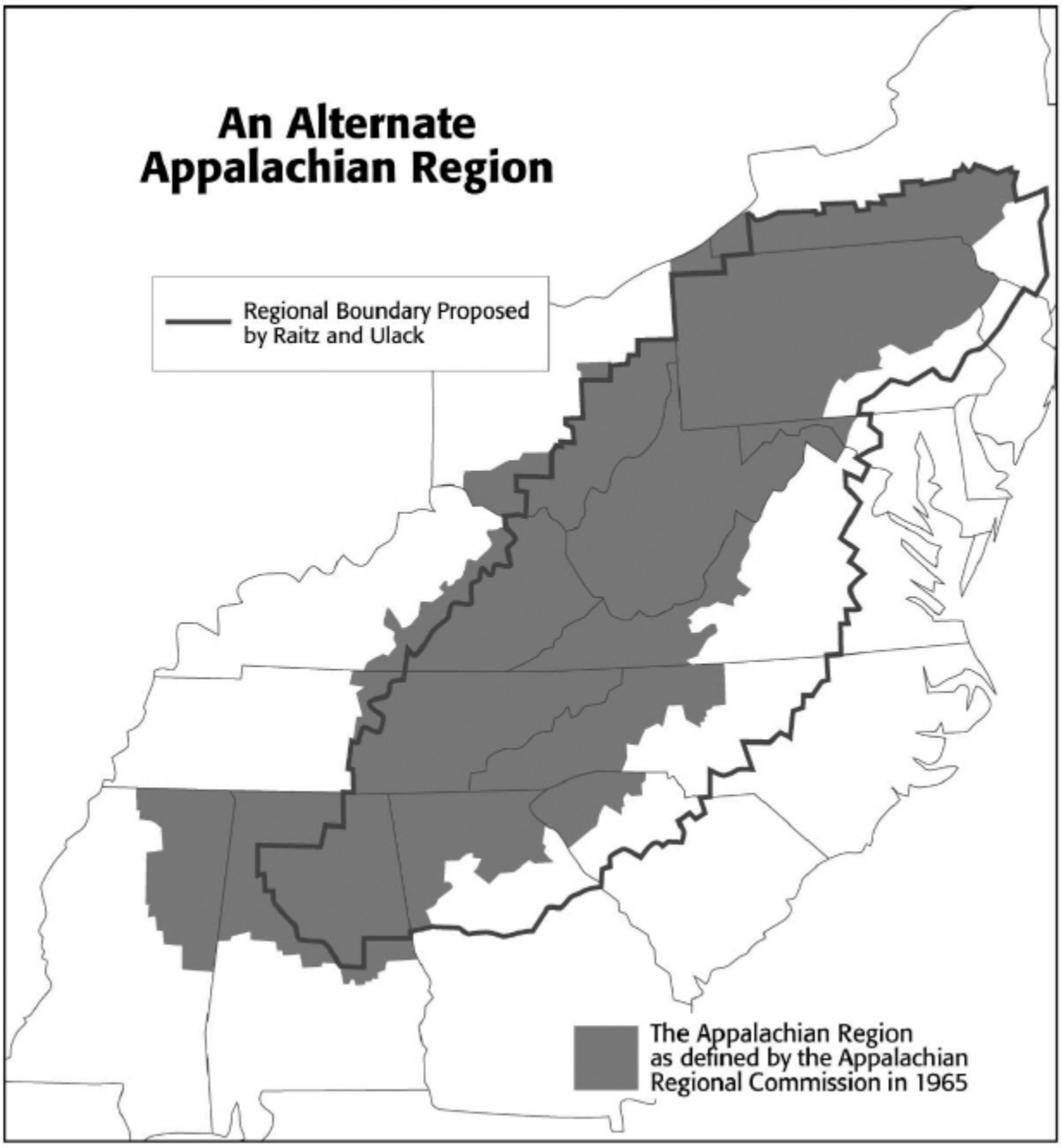
The methodological problems attending the gathering of information on folk medicine by cultural preservationists diminish its usefulness in understanding the health care behavior of Southern Appalachians, past and present. Among the many problems, four stand out as significant.[13] First, the information is age-biased. Since the prevailing assumption was that folk medicine was vanishing, investigators solicited information almost exclusively from older informants. Since the younger generation was excluded, systematic analysis of the retention and loss of folk medical knowledge over time is problematic. Second, the information is class-biased. This bias is based on the long-standing misconception that only less educated people, especially those in isolated rural areas, use folk medicine.[14] Third, past investigators often neglected to distinguish between passive and active folk medical knowledge. In many cases, therefore, it is not known if informants actively used the home remedies they reported or only had knowledge of them. To paraphrase one observer, we do not know if folk medicine existed more in memory than in usage.[15] Fourth, no

consideration was given to the context of the use of folk medicine. Little is known about the various factors influencing the use of folk medicine, official medicine, and other healing modalities in terms of a hierarchy of resort or the simultaneous use of two or more healing modalities during episodes of sickness.

Sources Consulted

Methodological problems aside, the enduring legacy of the cultural preservationists is an immense corpus of credible, useful information on folk medicine. Though largely descriptive, when viewed collectively and inter-connectedly these materials reveal a coherent, integrated system of knowledge used by Southern Appalachians to understand the cause, prevention, and treatment of illness.

The numerous articles published in state, regional, and national folklore journals dating from the 1870s to the present and the major compendia on popular beliefs and practices mentioned earlier are rich sources of information. A valuable source for this study, one that is sometimes overlooked by students of folk medicine, is the collections of home remedies assembled by citizen groups affiliated with churches, women's clubs, and local history societies. State and local medical society histories and county histories provide valuable information as well, not only on folk medicine but also on the history of medicine in Southern Appalachia. This study is also informed by the memoirs and journal articles written by physicians and nurses associated with the Protestant Home Mission movement in Southern Appalachia who recorded their encounters with folk medical beliefs and practices among the people they served, usually the very poor. Considerable information was obtained from 321 interviews with residents of eastern Tennessee, western North Carolina, and southwestern Virginia reposited at the Archives of Appalachia at East Tennessee State University. Appendix A contains information on the chronological and geographical scope of these sources.

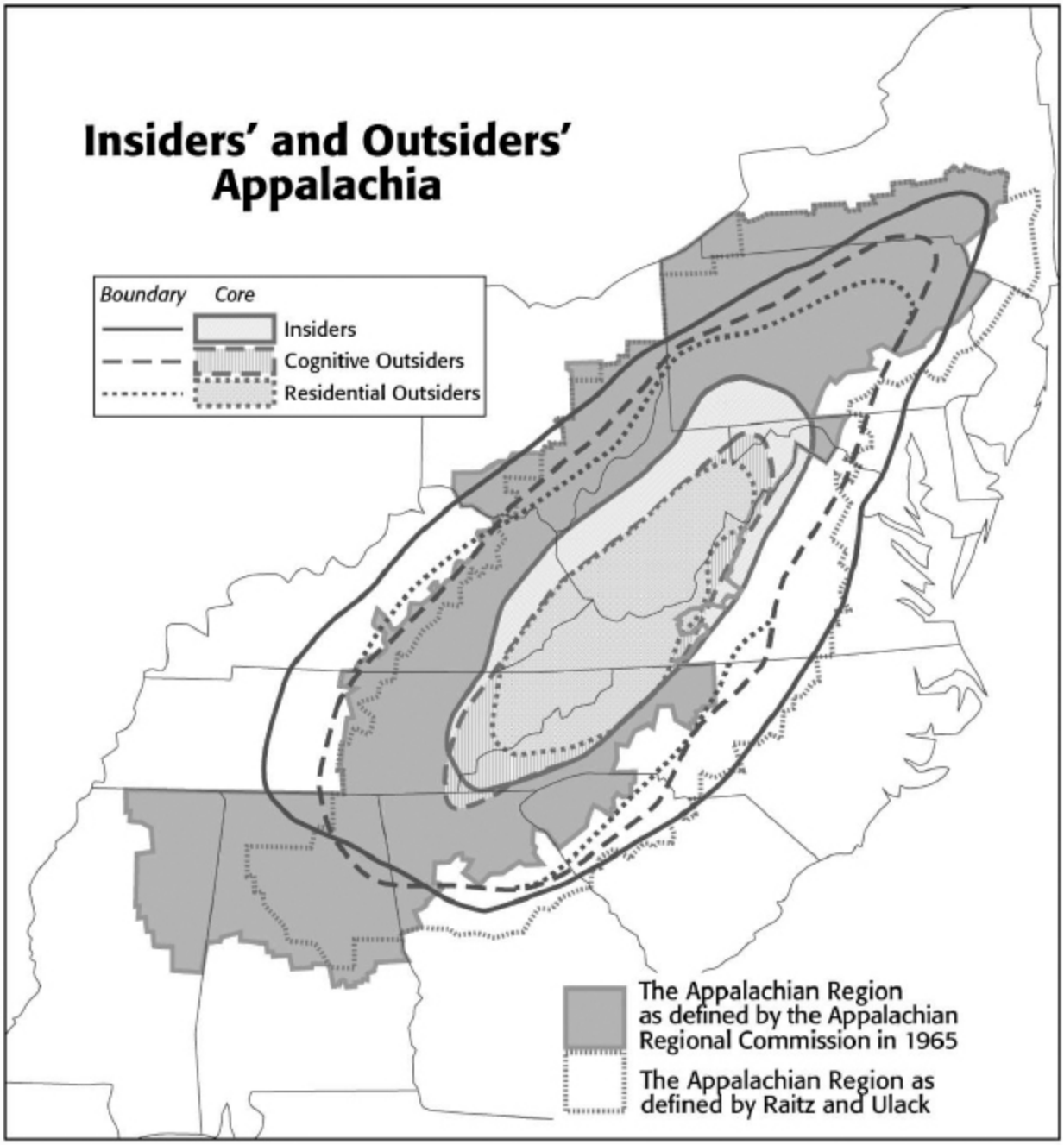


MAP I. An Alternate Appalachian Region. (Prepared by Nancy Fishman, from Raitz and Ulack, *Appalachia: A Regional Geography, 1984, p. 31*; used by permission of the authors and *Now and Then magazine*)

Geographical and Chronological Scope

Using both topographic and socioeconomic criteria, cultural geographers Karl Raitz and Richard Ulack define the boundaries of Appalachia

differently than the Appalachian Regional Commission (see Map 1).[16] In a survey of 2,331 students from sixty-three institutions in and adjacent to the region, they found that the mental maps of Appalachia among “insiders” (native residents), “cognitive outsiders” (those who lived in Appalachia but did not consider themselves “Appalachian”), and “residential outsiders” (those who lived outside the region) varied. There was even disagreement about the boundaries of Appalachia among native residents. In this study Southern Appalachia embraces those parts of the South defined as “Appalachian” by Raitz and Ulack and many of the insiders queried in their study: much of middle and all of eastern Tennessee, the Blue Ridge Mountains and Shenandoah Valley of Virginia, much of western and all of eastern Kentucky, western North Carolina, southern West Virginia, northern Alabama, northern Georgia, northwestern South Carolina, and much of the Piedmont of North Carolina and Virginia (see Map 2).


Insiders' and Outsiders' Appalachia
Boundary
Core
Insiders
Cognitive Outsiders
Residential Outsiders
The Appalachian Region as defined by the Appalachian Regional Commission in 1965
The Appalachian Region as defined by Raitz and Ulack

MAP 2. Insiders' and Outsiders' Appalachia. (Prepared by Nancy Fishman, from Raitz and Ulack, Appalachia: A Regional Geography, 1984, p. 28; used by permission of the authors and Now and Then magazine)

The history of folk medicine in Southern Appalachia is much better known in some areas than others. Sources used for this study reflect the fact that more research has been done in what many outsiders consider the heart of Appalachia: western North Carolina, eastern Tennessee, and eastern

Kentucky. This bias is balanced, in part, by comparable information gathered more recently in other areas, particularly northern Georgia, southwestern Virginia, middle Tennessee, western Kentucky, and northern Alabama.

This study focuses on the folk medical beliefs and practices evident in Southern Appalachia from the 1870s to the 1940s. This chronological framework conforms with the historical depth of the folk medicine sources discussed earlier. Many of the Southern Appalachians from whom information was obtained were members of the older generation when they were interviewed in the i930s through the 1960s. In many cases, informant recall of the use of folk medicine extends back to the i870s and earlier.

The 1870s to 1940s period is significant in the history of American medicine. From around 1880 to 1910 a remarkable transformation occurred. Of greatest importance was the ascendancy of the germ theory of disease, which displaced prevailing miasmatic and atmospheric theories and lingering concepts of humoral pathology.[17] Of related importance was Abraham Flexner's study of the status of medical education in America. Prompted by the American Medical Association but conducted under the aegis of the Carnegie Foundation for the Advancement of Teaching, Flexner's study found that many U.S. medical schools were inadequate in terms of faculty training, curriculum, laboratory facilities, library resources, and clinical observation to properly train physicians in the new official medicine. Following the appearance of Flexner's report in i9i0, many medical schools were shut down, and the consolidation of medical education centering on germ theory moved vigorously forward.[18] In concert with the reform of medical education came the establishment of state licensing boards that for the first time had real authority over the practice of medicine.

The 1940s represent a milestone in the cultural transformation of Southern Appalachia. Of course, significant changes in the cultural landscape of the region had occurred earlier as well. In the i880s the timber and mining industries and the Protestant home missions movement brought about significant change in selected areas. World War I introduced many young men to the far reaches of the world. During the Depression, federal works projects like the Civilian Conservation Corps and the Works Progress Administration greatly improved the region's infrastructure, as did the Tennessee Valley Authority. World War II was the capstone event of six

decades of cultural transformation. Commenting on their personal experience of cultural change in the hills of northern Georgia, Floyd and Charles Watkins note that life “did not radically change from Reconstruction until World War II. Then most of the older ways disappeared in less than a decade.”[19]

CHAPTER 1

Health and Disease in Southern Appalachia

An agrarian existence premised mainly on subsistence agriculture was evident in much of Southern Appalachia well after the onset of industrialization in the 1880s. This chapter examines selected aspects of agrarian life at the turn of the twentieth century relative to the health status of Southern Appalachians and compares the epidemiologic profile of Southern Ap-palachia with rural America and America at large.

According to a study reported in Ronald Eller's *Miners, Millhands, and Mountaineers*, the average farm in preindustrial Appalachia contained about 187 acres. Roughly 25 percent was in cultivation, 20 percent in pasture, and the rest in forest.[1] Corn was the staple crop, but sorghum, potatoes, wheat, and buckwheat were extensively cultivated. Most households maintained a vegetable patch for growing beets, cabbage, turnips, sweet potatoes, potatoes, peppers, onions, beans, and herbs for culinary and medicinal use. Tomatoes were a relatively rare part of the diet prior to the late nineteenth century but gradually became widely cultivated thereafter. Intercropping of squash, melons, and pole beans with corn was common. Many families maintained beehives and orchards of apple and peach trees. Dried fruit was available year around. The diet was supplemented with foods gathered in the wild, including a variety of berries, nuts, and "sal-lets" such as cressy greens, watercress, dandelion, dock, and poke.[2] Pinto beans, also known as "brown beans" or "soup beans," a mainstay of the diet, were not cultivated but purchased at general stores, as was whiteflour, salt, sugar, coffee, canned goods, soda crackers, and exotic fruits like bananas and orang

Most families had one or two milk cows, a horse for transportation, a mule or ox for plowing, a flock of chickens, and hogs, but some kept sheep and goats. Buttermilk was a favorite beverage and much preferred over

“sweet milk.” Hog meat, which was smoked or salted for preservation, was a mainstay of the diet throughout the year. Hogs were turned loose in the forest in the fall to forage on the abundant mast.[3] Cattle, too, were allowed to forage in forests, which sometimes resulted in, as discussed in Chapter 4, the dreaded milk sickness. Hunting and fishing, both pleasant pastimes for men, provided rabbit, dove, turkey, groundhog, deer, squirrel, opossum, and a variety of fish for the dinner table.

The diet of farming families appears to have been well rounded nutritionally. Unfortunately, however, there were subsistence farming families on tracts of unproductive land in the remote hills and hollows, those known locally as “dirt poor,” whose diet was much like the “three M” diet (pork meat, cornmeal, and molasses) typical of poor sharecroppers in the lowland South.[4] One consequence of this diet was pellagra, a disease caused by a deficiency of niacin. Pellagra was reported by missionaries and doctors in the early 1900s as common among poor families in Tennessee, Kentucky, and North Carolina.[5] John C. Campbell, a missionary and social scientist, observed that physicians in Southern Appalachia began noticing an increase in the incidence of pellagra in some areas in the early 1900s,[6] a period marking the region’s transition into industrialization, which suggests a change in diet coinciding with the shift from farming to employment in low-wage jobs in the mines and mills. Another relatively common disease related to nutrition was goiter, which in most cases was caused by an iodine deficiency. Surveys of selected schools in eastern Kentucky done in the early 1900s indicated a prevalence of goiter ranging from 35 to 75 percent.[7]

Boiling and frying were the typical methods of food preparation, and both are common in the region today. Pork grease was frequently used for frying meats and vegetables and was poured into cornbread and biscuit batter. Side meat and ham hocks were used to season vegetables. Campbell speculated that the excessive consumption of pork fat was causally related to what he perceived as an unusually high prevalence of “risin’s” (boils) and gastrointestinal disorders.[8]

Bly family cabin, Mt. Nebo, Blount County, Tennessee, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

“Auntie Bly” at her spinning wheel, Mt. Nebo, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Two boys carrying bags of charcoal, Millers Cove, Blount County, 1886. (Coch-ran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Dorsey family at breakfast, Blount County, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Caughron family farm, Tuckaleechee Cove, Blount County, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Yearout’s Mill, Tuckalee-chee Cove, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

School recess at McCampbell’s Mill, Tuckaleechee Cove, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

D. B. Lawson family home, Cades Cove, Blount County, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Children gathered at cider mill, Blount County, 1886. (Cochran Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Barn and mill, Pittman Center, Sevier County, Tennessee, 1940. (Albert “Dutch” Roth Digital Photograph Collection, Great Smoky Mountains Regional Collection, University of Tennessee; courtesy of Mary Roth)

Man plowing with an ox, northeastern Tennessee, ca. 1930s. (Great Smoky Mountains National Park Archives)

Cabin on Roaring Fork, northeastern Tennessee, ca. 1930s. (Photograph by James E. Thompson; courtesy of Thompson Photo Products, Knoxville, Tennessee)

Right: Basket weaver, Roaring Fork, 1926. (Thornburgh Collection, Great Smoky Mountains Regional Collection, University of Tennessee)

Below: Women hoeing, northeastern Tennessee, ca. 1930s. (Great Smoky Mountains National Park Archives)

Main Street, Sneedville, Hancock County, Tennessee, 1914. (Courtesy of Charles Turner)

Constructing an epidemiologic history of Southern Appalachia is difficult because birth and death statistics for the region were not included in the U.S. registration area until the early 1900s. Furthermore, statistics subsequently gathered are no doubt flawed by the underreporting of deaths and the lack of accuracy in determining cause of death. The first systematic study of health conditions in Southern Appalachia is John C. Campbell's analysis of the mortality rates in 1916 for specific diseases in the mountainous areas of Kentucky, Maryland, North Carolina, South Carolina, Tennessee, and Virginia as compared to the rural United States and nation at large.[9]

The mortality rate in Southern Appalachia in 1916 for all causes, 11.2 per 1,000, was lower than that for the rural United States (12.9) and the country at large (14.0). The death rate from tuberculosis in Southern Appalachia was higher (129.5 per 100,000) than that in rural America (124.7) but significantly lower than the national rate (141.6). Campbell notes that the tuberculosis mortality rate in the region was significantly higher in the more densely populated mountain valleys, a pattern that reflects the highly communicable nature of the disease. The death rate for pneumonia was significantly lower in Southern Appalachia (93.8 per 100,000) than in the rural United States (111.3) and the nation (137.3). For measles, the mortality rate in Southern Appalachia of 10.5 per 100,000 was not much different from the rural U.S. and national rates, 10.3 and 11.1, respectively. The typhoid fever mortality rate in Southern Appalachia, however, was significantly higher (28.3 per 100,000) than that of the rural United States (15.6) and the nation (13.3). Other diseases that had a significant impact on the mortality of Southern Appalachians at the time were diphtheria, influenza, cholera, scarlet fever, dysentery, whooping cough, and smallpox. Unfortunately, mortality rates for these and other diseases are not known.

Influenza epidemics appeared time and again in Southern Appalachia, but the worst was the infamous "Spanish flu" in 1918. Estimates vary on the number of people who died worldwide of the Spanish flu, ranging from 20 to 100 million.[10] In the United States, the epidemic lasted about a month in the fall of 1918, but during this short span of time it is estimated that a half million people died. In Berkeley County, West Virginia, for example, a local newspaper reported that 350 people died in two weeks and that some 8,000 cases were reported.[11] Death was often caused not by the flu per se,

but by a lethal pneumonia resulting from it, and men be tween the age of twenty and forty were most vulnerable.[12] No area in the region was unaffected, but some fared better than others. The Tri-Cities area of upper east Tennessee mobilized against the flu early and effectively through the implementation of various containment measures. In Bristol, Tennessee, the flu mortality rate of four per day during the peak of the epidemic, for example, was better than Berkeley County's rate of ten to twelve per day.[13]

Hookworm was endemic in Southern Appalachia and the South at the turn of the twentieth century. Some observers speculate that over half the children in the South may have suffered hookworm infection.[14] Hookworm, malaria, and pellagra came to be known as the "diseases of laziness" because of their severe enervating effect. Progressive reformers in the early 1900s believed that if hookworm were eradicated in Southern Appalachia, the highlander "would have the vigorous, energetic physique naturally expected in one so near to pioneer ancestors, and so would acquire without further assistance all the accompaniments of better living."[15]

The living conditions of many families in the region provided an environment conducive to the rapid spread of contagious and infectious diseases. Improper disposal of human waste accounts for the high prevalence of hookworm, typhoid fever, roundworm, cholera, and dysentery. Some families did not use latrines but simply evacuated in a concealed area not far from the house. Those who had outhouses often failed to carefully consider where they should be placed. Thus, waste seepage from latrines, and barns as well, infected wells and streams.[16]

Large families, in part an adaptation to agrarian labor needs and high infant mortality, were common. Some families lived in small single-room log or clapboard houses with a half-story loft. Most families, however, lived in houses partitioned into two "pens" (rooms). Some of these houses had an exposed hallway, known as a "dogtrot" or "turkey trot," separating the pens. A chimney was located at the inside center of the house or on one or both gable ends, and many houses had a rear addition that often served as a kitchen. Several children, whether sick or well, slept together in a bed or on a pallet on the floor. Infants often slept in the bed of their parents, even if a parent was sick. All family members used the same dipper for drinking from a water bucket. Close living and sleeping arrangements, which were also evident in families that had more commodious two-story

dwellings, promoted the rapid spread of contagious diseases like tuberculosis, influenza, whooping cough, and diphtheria.[17]

The spread of contagious disease was also enabled by the custom of relatives and neighbors from near and far coming to the aid of families stricken with sickness.[18] If it became apparent that someone was going to die, the "death watch" (also called "death vigil," or "sitting up") ensued and lasted from a few days to a few weeks. Visitors took responsibility for farm chores, attending children, and taking care of the dying, "even if there was a danger of catching the disease or carrying it to their own family."[19] Following death, visitors assisted with preparing the body for burial with little concern for hygiene. This involved washing the body with soap and water and applying a cloth dipped in soda water, camphor, vinegar, or alcohol to the hands and face to stall discoloration. It is conceivable that disease was transmitted during preparation of the body for burial.

In 1916 the mortality rate for women related to childbirth was lower for Southern Appalachia (12.7 per 100,000) than for the rural United States (15.1) and the nation (16.3), but the infant mortality rate was comparatively high. Infant mortality (death in the first year of life) constituted from one-fourth to one-fifth of the total deaths in Kentucky, Maryland, and North Carolina, as compared to one-sixth for the nation. Only Tennessee, with 185.7 deaths per 100,000, fared better than the rural United States (211.1). The infant mortality rate, however, was probably much higher because infant death was less likely to be reported. Prematurity and "indiscriminate feeding" were, according to some observers, the major causes of infant mortality.[20] "Indiscriminate feeding" refers to the practice of feeding babies adult food much too early. The abundance of remedies reported for infant colic in folk medicine sources discussed later suggests that indiscriminate feeding was indeed a major problem. Several factors contributed to the high mortality rate for mothers: poor nutrition, bearing children at an early age (marriage at age fourteen was not uncommon in some areas), having many children in rapid succession, unsanitary birth environments, and various folk medical beliefs and practices advocated by lay midwives. [21]

The folk medicine record suggests the high prevalence of several diseases in Southern Appalachia that had no impact on mortality but nonetheless made life uncomfortable. It seems that many families had to deal with "the itch" (scabies), worms, "sore eyes" (pinkeye or trachoma),

“sour stomach,” ringworm, “scald head” (favus), and head lice. Trachoma, a highly contagious form of conjunctivitis, is a severe aggravation in its early stage, but if left untreated it can result in blindness. A survey done in eastern Kentucky in 1917 revealed that 7 percent of the 18,000 people examined had trachoma. [22]

The unsanitary conditions evident in the hamlets and towns were more conducive to the rapid spread of disease. In a presentation delivered at a meeting of Tennessee Medical Society in 1893 titled “Monkeying with Microbes,” Dr. A. B. Tadlock described the deplorable conditions evident in many Tennessee towns:

These towns all have a main street, with sidewalks composed of dirt, plank, brick, or loose rock, which vary in width and elevation just as each owner of a lot may fancy will best suit his convenience, purpose, pride, or purse. Back 150 feet on either side is an alley, vacant or business lots occupy the intervening space. Fronting on “Main Street” are to be seen rows of old, tumble down, unpainted, unkempt houses, built mostly by a former generation. In the rear and fronting on the alleys are the palaces of Cloacina [privies], with hospitable doors open fore and aft, both by day and by night, and banks of deposits always in view, odif-erous as the perfumes of Araby, yet scarcely so pleasantly fragrant. Porkers, fattening for the table, banquet at these castles, and then promenade up and down main street as a sanitary resort. Mice, rats, flies and other vermin also feast and revel here, and when weary, with unwashed hands they visit the cupboards, kitchens, and dining rooms in the neighborhoods for the purpose of arranging their toilets, and inspecting the larders of frugal landlords, and perhaps, also, to exchange a choice cholera microbe for a slice of fresh cream or a gravy bath.[23]

At the turn of the twentieth century, Knoxville, Tennessee, was such a town. Cows, hogs, sheep, goats, dogs, and cats freely roamed the streets. Dead animals sometimes remained on the streets for days before removal, and partially buried livestock in and around the town was a constant problem. Kitchen slop and other refuse was thrown into the streets and alleys. Prior to the installation of the first sewer system in 1891, waste seepage from latrines into sources of drinking water was common. Knoxville experienced its first cholera epidemic in 1834, then another in 1873, and yet an other in 1892. During the 1873 epidemic, physicians

proclaimed that cholera was caused by a “poison in the air” and the “indiscriminate use” of certain vegetables and fruits.[24] Physicians in Chattanooga, which also had a cholera epidemic in 1873, identified the watermelon as a primary source of the disease.[25] Wagonloads of watermelon and other fruits and vegetables brought in from the surrounding countryside were prohibited from being sold. Frustrated farmers dumped their produce in and around the town. To combat the disease, streets were covered with lime, and cholera victims were sequestered in lazarets, known locally as “pest houses” (derived from the word “pestilence”). Cholera was also a problem in small towns in the nineteenth century. The Kanawha River Valley in West Virginia, for example, suffered epidemics in 1832-33, 1848-49, and 1851-52. The last epidemic prompted the construction of pest houses in Shrewsbury.[26]

Smallpox was common in Knoxville until compulsory vaccination was begun in 1905. The first successful vaccination for smallpox in the United States occurred in 1800, but problems caused by the lack of antiseptic procedures diminished the public’s and the physicians’ faith in its effectiveness. Physicians in Knoxville used a vaccination process that entailed making several incisions in the skin in a criss-cross pattern, applying the virus by “scratching” it into the lacerations with an ivory point, and then applying heat. Two pest houses were constructed for smallpox victims in 1883, one for whites and one for blacks, but both burned down that same year. A new pest house was constructed in 1890. For those citizens who did not want to be quarantined in a pest house, small guard houses (5 × 5 × 7 feet) were constructed in the streets in front of their dwellings. The guard houses were painted yellow as a warning to the public, and a sentry was stationed in them to prevent anyone from leaving or entering the home.[27]

Knoxville and Chattanooga witnessed the yellow fever epidemic of 1878-79 that claimed an estimated 16,000 lives in the United States.[28] The disease’s impact, however, was not as severe in Southern Appalachia as in towns located in the lowland South. In 1905 the mountainous region of North Carolina was advertised in a New Orleans newspaper as a haven for those who wanted to escape the yellow fever epidemic.[29] In 1875 a physician and civic leader in Knoxville, which had several mineral spring spas located nearby, promoted the idea of developing the town as a retreat

for those seeking refuge from “yellow jack.” When the 1878 epidemic occurred, however, the state imposed a quarantine on all towns with a population of 5,000 or more.[30] When cases of yellow fever were identified in Chattanooga, citizens fled in fear, and the town’s population fell from an estimated 12,000 to 1,800.[31]

Overall, the epidemiologic profile of Southern Appalachia and much of the United States in the early 1900s was in many respects like that of a developing nation in present-day Latin America. In the United States, the epidemiologic transition from mortality caused largely by contagious and infectious diseases to mortality caused mainly by degenerative diseases began roughly around the late nineteenth century. Degenerative diseases, of course, were present in Southern Appalachia prior to the epidemiologic transition. The folk medicine record is replete with information on rheumatism, “heart trouble,” and cancer.

The health care infrastructure in Southern Appalachia was poorly developed prior to and well after the turn of the twentieth century. There were few hospitals and clinics in the region, none in some rural areas. It is generally accepted that rural Appalachia has long had a scarcity of doctors, but it may well be that in some areas the problem was with the distribution of doctors. Doctors have always been present in the region, but as in other parts of the world, they tended to reside in towns. The older generation in Southern Appalachia today remembers well the shortage of doctors and the poor road conditions or lack of roads in the rural areas. They often say that by the time sick people got to a doctor, or vice versa, they had already gotten well or died.

Had doctors been more available, it is doubtful that they could have done much to improve the health status of the people. The germ theory of disease was only incipiently developed in America in the mid-nineteenth century, and it was not until the early twentieth century that it became the foundation of medical education. It took several years for germ theory to gain acceptance among the older rank-and-file practitioners. Harriette Simpson Arnow’s observation that “there was much less difference between home medication and that of physicians” in the late 1700s in Tennessee, and that the “teas, infusions, and poultices made from various plants ...were also prescribed by the most learned physicians,” was true of

much of Southern Appalachia well into the nineteenth century.[32] In the 1880s many doctors in the region still adhered to a mishmash of humoral, miasmatic, and atmospheric theories of illness causation, and some of the therapeutic interventions they employed (such as bleeding, cupping, blistering, puking, and purging) did more harm than good. Folk medicine sources indicate that families were using the same interventions in the home, as well as much of the physician's materia medica, as late as the early 1900s.

In the nineteenth century physicians acquired their training through an apprenticeship with another physician, attending medical school, or both. Others known as "doctor book doctors" trained themselves through reading domestic medicine books.[33] According to a survey done in eastern Tennessee in 1850, there were 201 physicians serving a population of 164,000. Thirty-five had graduated from a medical school, and forty-two had attended one course of medical lectures but did not graduate. Ninety-five were self-taught "doctor book doctors," twenty-five were classified as "botanics or steamers," and two practiced homeopathy.[34] The "botanics or steamers" were probably proponents of Thomsonism, a system of botanical medicine established by a New Hampshire farmer, Samuel Thomson. In 1813 Thomson patented his system and began selling rights to its use to those who paid $20 to enroll in his Friendly Botanic Society. In 1833 there were twenty-nine practicing agents in Tennessee.[35]

The more respected physicians in the region, what medical historians commonly refer to as "regular" physicians, read medical books under a tutor at a college, attended a medical college, and/or served a two-year apprenticeship with an established physician. In the early 1800s many physicians in Southern Appalachia were educated at Transylvania University in Kentucky, but some found their way to distant institutions like the University of New York, Yale, and the University of Pennsylvania.[36] Probably the more typical process of becoming a regular physician is revealed in the autobiography of Abraham Jobe, a physician who practiced in Burnsville, North Carolina, and Elizabethton, Tennessee, from around 1843 to 1893.[37] Jobe began his medical education as a young man through reading domestic medicine books like John C. Gunn's *Domestic Medicine, or Poor Man's Friend in the Hours of Affliction, Pain and Sickness* (1830). In 1840, at the age of twenty-four, he began a two-year program of study

with Dr. Samuel Cunningham in Jonesborough, Tennessee. A highly respected physician, Cunningham had a medical degree from Transylvania University and was instrumental in founding the Medical Society of East Tennessee. Cunningham operated what one observer called “a one-man medical school.”[38] At the time Jobe began studying with him, thirteen students were under his tutelage. Students had access to his library and observed the treatment of patients firsthand. Anatomy was taught by book and lecture and, if possible, the dissection of human bodies. Jobe mentions that he and the other students dissected the body of a male “negro” who had been hanged in Greeneville, Tennessee, “for killing his master.”[39] After completing his apprenticeship with Cunningham, Jobe practiced medicine for a while and then enrolled in Transylvania University, where he obtained a medical degree in 1849. Interestingly, Jobe mentions that when he started practicing medicine there was a “rush toward the profession.” Competition with other physicians was intense in the towns where the more reputable practitioners tended to reside, and established physicians in both Burnsville and Elizabethton engaged in devious measures to “starve out” all newcomers. [40]

The quality of the medical schools varied considerably at the turn of the twentieth century. Some aspiring physicians attended the elite medical schools of the time, but many were educated at the less than reputable proprietary medical schools that proliferated in America during the late 1800s. According to Sandra L. Barney, from 1885 to 1925 one-third to one-half of the physicians in central Appalachia were educated at the Medical College of Virginia, the University of Louisville, or the College of Physicians and Surgeons at Baltimore.[41] Prior to the reform of medical education in the early 1920s, these and many other medical schools were essentially proprietary institutions. Admission standards were low and receiving a diploma was virtually assured for anyone who could pay the tuition and fees. Laboratory and clinical training were marginal or nonexistent. Abraham Flexner’s survey of American medical schools in 1909, which resulted in a dramatic transformation of medical education, determined that there were more “low-grade medical schools” in Tennessee than in any other southern state. In his 1910 report, Flexner described two proprietary institutions in eastern Tennessee, the Chattanooga Medical College and Knox-ville’s Tennessee Medical College, as “utterly wretched establishments.”[42] The ineffectiveness of physician training at the time is

illustrated by two incidents reported in Barney's study.[43] In 1881 a misdiagnosis of smallpox as chicken pox by a self-taught physician resulted in a smallpox epidemic in two eastern Kentucky counties. And in 1898 a doctor trained at the University of Louisville diagnosed smallpox in an eastern Kentucky community as "a breaking out disease" that was very "ketching." He concluded, in contrast to another doctor sent by the state to assess the situation, that quarantine and immunization were not necessary.

The proprietary aspect of medical education is evident in the experience of Dr. Annis O. Pickering (1829-1911), who was probably the first formally trained, licensed woman physician in eastern Tennessee. Prior to enrolling at the Georgia College of Eclectic Medicine in Atlanta in 1882 at the ripe age of fifty-two, Pickering was a practitioner of Thomsonian medicine. After she had completed three years of correspondence courses, the college asked her for a final payment to "purchase her degree," a common practice at the time. Pickering, however, adamantly refused to "buy" her degree and wrote a letter to college officials stating emphatically that she had already paid enough money and that they should go ahead and send her a diploma, which they did in 1885. In 1889 "Dr. Annis," as she was known in Greene County, applied for and received her medical license.[44]

John C. Campbell observed that some doctors in the region were "morally and intellectually unfit to minister to the communities" they served, adding that many of them had been forced out of medicine elsewhere due to "addiction to drugs and drink."[45] Journalist Horace Kephart, who lived in western North Carolina and eastern Tennessee for several years, offered a scornful assessment: "A large proportion of the mountain doctors know less about human anatomy than a butcher does about a pig's. There are very many physicians in the back country who could not name or locate the arteries of either foot or hand to save their lives."[46] It should be kept in mind that prior to the establishment of medical licensing boards with genuine regulatory power, anyone in America could assume the role of "doctor."

At the turn of the twentieth century, various benevolent organizations began assisting those left behind during the process of modernization as well as those harmed by it in the mining, lumber, and mill communities. The settlement schools established by various Protestant missionary boards in the late 1800s have been justifiably criticized in some respects as

instruments of cultural imperialism,[47] but they must be given substantial credit for improving the health status of thousands of Southern Appalachians in medically underserved areas. Women's clubs, working in concert with better-trained physicians and public health nurses, also played an instrumental role in improving health in the region.[48] Through in-school and public outreach programs these and other organizations, such as the Frontier Nursing Service in Kentucky, did what state governments in the region were not doing.[49] They promoted knowledge of sanitation, personal hygiene, prenatal and postnatal care, and nutrition; conducted health status surveys and immunization programs; established clinics and nurse training programs; and recruited better-trained physicians and public health nurses to the region.

The agenda of these benevolent organizations also included a concerted effort to eliminate the people's dependence on folk medicine. The only systematic study of folk medicine by a health care professional was done by a nurse midwife, Mary Breckenridge, the founder of the much celebrated Frontier Nursing Service. In 1924 she interviewed several granny midwives in the hills of eastern Kentucky about their birthing beliefs and practices.[50] Her study was not, however, a disinterested inquiry, but a deliberate effort to gather information useful for her and other health reformers' campaign to eradicate lay midwifery.[51] She discovered, not surprisingly, that most of the midwives were ignorant of the cause of infection and that many of their practices were injurious to the health of mother, fetus, and newborn. Her report was disseminated to various philanthropic organizations and government agencies. The efforts of Breckenridge and other reformers, which were fully supported by physicians, led to the establishment of training programs for obtaining a license to practice midwifery in the 1920s. This, however, was only a temporary measure of accommodation since the reformers eventually succeeded in their ultimate goal of placing birth exclusively in the control of physicians.

In the 1920s medical licensing boards in all the Appalachian states began enforcing new standards for medical education based on the new biomedical model. Thereafter, local medical associations were vigorous in their efforts to identify quacks, including folk healers, and prosecute them in court for practicing medicine without a license. Two of the folk healers

presented in Chapter 5, Tom Carter in Virginia and Cicero West in North Carolina, were victims of a campaign to eradicate all forms of alternative medicine. It must be noted that the increasingly powerful medical establishment was, as today, as much interested in increasing its hegemony over the health care sector and protecting its proprietary interests as it was in protecting the public from the menace of alternative medicine.[52]

Overall, health conditions in the countryside and towns of Southern Appalachia prior to and following the onset of industrialization were deplorable by today's standards, but by most measures they were much like those in the rest of America. In some respects, conditions were better in Southern Appalachia than in the lowland South, where yellow fever and malaria were endemic. Infectious and contagious diseases, however, were a major problem throughout the country, as indicated by the fact that in 1900 the average life expectancy in the United States was forty-seven years, as compared to seventy-six today. Living in an era when the cause of many diseases was unknown and medical resources in some areas were scarce or nonexistent, Southern Appalachians did all they could to adapt and survive. Though folk medicine was in some ways effective in dealing with common maladies, it was no match for typhoid fever, tuberculosis, cholera, yellow fever, smallpox, whooping cough, scarlet fever, and diphtheria.

Southern Appalachians, especially the poor, have often been portrayed as highly fatalistic about life's misfortunes. In his widely read book *Yesterday's People*,*Jack* E. Weller observed that the fatalistic worldview of "the mountaineer" was evident in his "passive resignation" and acceptance of undesirable conditions as a way of life.[53] Weller and others identified a religiously grounded fatalism among the poor in Southern Appalachia that explained misfortune (that is, disease) in terms of divine will.[54] What is often ignored in discussions about fatalism in Southern Appalachia, however, is that it was not necessarily wedded to pessimism and apathy. The active and persistent use of folk medicine to treat disease, even when it was not effective, and many people's reliance on official medicine when it, too, was marginally beneficial, demonstrates that Southern Appalachians, poor or otherwise, did not passively wait for fate to follow its inevitable course. Fatalism can be viewed as a rational and adaptive posture, a psychological coping mechanism, during a time when sickness and

premature death were far more common than they are today. One did all that one could to deal with disease, but if things did not work out for the best, then one had no choice but to accept the consequences. The point often lost in discus sions of fatalism is that *something* was done. Dr. May Wharton, a missionary physician from the Midwest who served the people in the Cumberland Mountains of eastern Tennessee from 1917 to the 1950s, offered the following commentary: “There is a real stoicism in the fiber of the people here which is born of many generations of hardship. They accept the inevitable without flinching.”[55]

CHAPTER 2

The Folk Medical Belief System

Historically, Southern Appalachian folk medicine represents a confluence of several streams of folk medical knowledge, most notably English, German, Native American, Scots, Irish, and Scots-Irish. The English, Scots, and Scots-Irish folk medical traditions, however, were particularly influential due simply to their greater presence. According to David Hackett Fischer's analysis of the 1790 census, 90 percent of the settlers of Southern Appalachia came from the "British borderlands," an area encompassing northern Ireland (Ulster), lowland Scotland, and northern England, and of these groups the Scots-Irish were predominant.[1] Though Germans were fewer in number (less than 5 percent), their influence on Southern Appalachian folk medicine, as discussed in Chapter 4, is evident. The ancestry of Southern Appalachian dwellers has often been described as Celtic or Anglo-Saxon, but as Fischer points out, the peoples of the British borderlands who settled the region had a mixed ancestry representing in varying proportions Celtic, Roman, German (Anglo-Saxon), Viking, Norman, and Gaelic origins.[2]

Folk medicine is generally thought of as traditional healing knowledge of a particular social group that is transmitted orally from one generation to the next. This definition, which evolved out of studies of European peasant societies in the nineteenth century, conceives of folk medicine as a body of largely archaic, outmoded knowledge retained among illiterate peoples.[3] It is inappropriate for understanding folk medicine in general and Southern Appalachia in particular, despite the region's inaccurate portrayal in the past as having a peasant subculture.[4] Most important, it fails to consider the dynamic relationship between oral and printed sources of healing knowledge in Southern Appalachia from the late eighteenth century to the present and the profound influence of official and popular medicine on the

region's folk medical belief system. Furthermore, during the eighteenth and for much of the nineteenth centuries there was considerable overlap between what laypeople and physicians believed about the cause and treatment of illness. Another delimiting meaning of the term "folk," whether used in reference to a song, house, or remedy, is that it denotes an unreflec-tive process of knowledge transmission from one generation to the next.[5] Southern Appalachians did not necessarily assume an unreflective mindset in times of sickness. As discussed later, whether literate or not, they were inventive and adaptive in the use of materia medica and receptive to the influence of official and popular medicine.

What, then, is folk medicine? As used here, "folk medicine" refers to vernacular knowledge about the cause, prevention, and treatment of illness used by a particular social group. Drawing on Bonnie O'Connor's concept of vernacular health belief systems, which is premised on the linguistic distinction between "langue" and "parole,"[6] the term "vernacular" in this definition refers to knowledge of health and illness shared by ordinary people, as opposed to officially sanctioned knowledge taught in medical schools, which in the United States is biomedicine. From a temporal perspective, some vernacular knowledge is "traditional" in the sense of being quite old, but some knowledge is relatively new. In terms of the cultural transmission process, vernacular knowledge is acquired informally by word of mouth in a variety of social settings and through the mass media.

In this study, "popular medicine" refers to a variety of health belief systems (such as reflexology, aromatherapy, chiropractic, acupressure, magnetic therapy, herbalism, healing touch, light therapy, and various diet and vitamin therapies) deemed "unofficial" in that they are not routinely taught in medical schools and usually are not underwritten by private and state-supported medical insurance.[7] Practitioners of some of these health belief systems (such as chiropractic) have been fully professionalized and are recognized as "semi-official," while others (healing touch, herbalism, and acupressure, for example) are in various stages of the professionalization process. In contrast to folk medicine, popular medical knowledge is acquired more formally and circulates primarily through the mass media.

The three sectors of health care—folk, popular, and official—are not discrete but overlapping, and knowledge of health and illness diffuses from

one sector to another.[8] This is conspicuously the case, for example, with herbal medicine. Understanding the dynamics of this diffusion process and why in times of sickness people move from one sector to another is a fundamental challenge to medical anthropologists and folklorists.

Southern Appalachians, like other Americans, obtained their knowledge of health and disease from a variety of printed sources, including domestic medicine books, almanacs, newspapers, farm account ledgers, proprietary medicine promotional materials, and magazines. Domestic medicine books were major sources of knowledge. Some of the early settlers had a copy of *Every Man His Own Doctor; or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (1794) by the Scottish physician William Buchan.[9] Buchan's book served as a model for one of the earliest and arguably the most popular domestic medicine book written by an American physician, *Domestic Medicine, or Poor Man's Friend, in the Hours of Affliction, Pain, and Sickness* by Dr. John C. Gunn of Knoxville, Tennessee. First published in Knoxville in 1830, Gunn's enormously popular book reached its one-hundredth edition by 1885.[10] It is not a stretch to say that the two most widely read books in Southern Appalachia at one time were the Bible and Gunn's *Domestic Medicine*.

Gunn was not solely interested in providing basic knowledge of medical self-care for those living in areas where regular physicians were unavailable. In the spirit of populism that defined the Jacksonian era, *Domestic Medicine* also represents an effort to demystify medicine and diminish the unwarranted prestige and power of physicians, as illustrated by the following excerpt:

If our education consisted more in a knowledge of *things*, and less in a knowledge of mere *words* than it does, if the great mass of the people knew how much pains were taken by scientific men, to throw dust in their eyes by the use of ridiculous and high-sounding terms, which mean very little if any thing, the learned professors of science would soon lose much of their mock dignity, and mankind would soon be undeceived, as to the little difference that really exists between themselves and the very learned portion of the community. The great body of the people are beginning to find out . . . that when we take from the learned sciences all their technical and bombastic knowledge, they immediately become plain *common sense*, very easily to be understood by all ranks of men.[11]

GUNN'S
DOMESTIC MEDICINE,

OR

POOR MAN'S FRIEND.

IN THE HOURS OF AFFLICTION, PAIN, AND SICKNESS.

THIS BOOK

POINTS OUT, IN PLAIN LANGUAGE, FREE FROM DOCTOR'S TERMS THE DISEASES OF

MEN, WOMEN, AND CHILDREN,

AND THE LATEST AND MOST APPROVED MEANS USED IN THEIR CURE,
AND IS EXPRESSLY WRITTEN FOR THE BENEFIT OF

FAMILIES

IN THE WESTERN AND SOUTHERN STATES.

IT ALSO CONTAINS

DESCRIPTIONS OF THE MEDICINAL ROOTS AND HERBS OF THE WESTERN AND SOUTHERN COUNTRY, AND HOW THEY ARE TO BE USED IN THE CURE OF

DISEASES:

ARRANGED ON A NEW AND SIMPLE PLAN,
BY WHICH THE PRACTICE OF MEDICINE IS REDUCED
TO PRINCIPLES OF COMMON SENSE.

Why should we conceal from mankind
That which relieves the distresses of our fellow-beings?

Knoxville,

PRINTED UNDER THE IMMEDIATE SUPERINTENDANCE OF THE AUTHOR,
A PHYSICIAN OF KNOXVILLE.

::::::::::

1830.

Title page from Dr. John C. Gunn's *Domestic Medicine*, 1830.

Gunn was not the only Southern Appalachian physician to write a domestic medicine book. Dr. Isaac Wright of Blount County, Tennessee, wrote *Wright's Family Medicine or System of Domestic Medicine*, published in Madisonville, Tennessee, in 1833.[12] Dr. Richard Foreman's *The Cherokee Physician or Indian Guide to Health* was published in Chattanooga in 1846. Among the many other domestic medicine books consulted by Southern Appalachians were John Bright's *A Plain System of Medical Practice, Adapted to the Use of Families, With Additional Diseases and New Articles in the Materia Medica; Also Minor Surgery* (1854), R. V. Pierce's *The People's Common Sense Medical Adviser in Plain English: or, Medicine Simplified* (1895), and Jethro Kloss's *Back to Eden: Healing Herbs, Home Remedies, Diet, and Health* (1939).

Another aspect of literacy overlooked by past investigators of Southern Appalachian folk medicine is that many families recorded information on remedies on paper that they tucked away in Bibles or kept with other valuable documents. This is similar to the tradition of "commonplace books," journals kept by families in the South in the eighteenth and nineteenth centuries in which they recorded information on a variety of topics. As shown in Kay Moss's study of twelve commonplace books from the South dating from 1750 to 1820, families often recorded information on "receipts" (remedies) and other medical knowledge.[13] Though no one has yet reported the existence of a commonplace book in Southern Appalachia, there is nonetheless mounting evidence that families preserved information on remedies in writing. A good example from western North Carolina is reproduced in *Appalachian Folk Medicine: Native Plants and Healing Traditions*.[14] A handwritten receipt for dropsy (edema) was passed down the generations in a family in Carter County, Tennessee. No date was recorded, but use of the term "receipt" suggests the late eighteenth or early nineteenth century:

A receipt for the dropsy. 3 qts. of apple vinegar nine bunches of black snake root three bunches of sinaker [senega] snake root three handful of stare [star] root three handful of cammil [chamomile] flours [flowers] too [two] handful of worm wood forty five new nails put them all in an iron oven set

them in the coroner [corner] by the fire let it stand nine days till it works then rige [wrench, meaning strain] and in the same oven add one bottle of rum one pound of sugar then set on a slow fire simmer it down four days to too bottle full one spoonful at a dose eat no meat and no sweat [sweet] milk keep out of the rain and dew.[15]

Traditionally, folk medicine has been organized into two knowledge domains: natural and supernatural. Anthropologist George Foster argues that the designation "supernatural," which refers "to an order of existence beyond nature or the visible and observable universe that includes beings such as deities, spirits, ghosts, and other nonmaterial entities," is inappropriate since it requires recognition of witches and sorcerers, also sensate agents, as supernatural beings.[16] To avoid this and other conceptual problems, Foster proposes a model that classifies folk medical knowledge into two systems: *personalistic* and *naturalistic*. The difference between the two is located in contrasting concepts of illness causation. A personalistic system is one in which illness is believed to be caused by the active, "purposeful intervention of a *sensate* agent who may be a supernatural being (a deity or a god), a nonhuman being (such as a ghost, ancestor, or evil spirit), or human being (witch or sorcerer)."[17] In contrast, a naturalistic system explains the cause of illness "in impersonal, systemic terms." Naturalistic systems are premised on an "equilibrium model" in which health is determined by maintaining a balance in the body of insensate elements such as yin and yang, body humors, and hot and cold.

As elaborated below, Foster's naturalistic system is clearly evident in Southern Appalachian folk medicine. There are, however, conceptual problems attending the use of the personalistic model. It is true that some Southern Appalachians believed, and to a more limited extent, still do today, that sensate agents (God, the Devil, demons) cause illness. "The sick person," Foster states, "literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone."[18] Limiting the supernatural realm solely to the activity of sensate agents like spirits and witches, however, neglects consideration of supernatural knowledge used by Southern Appalachians to cope with illness in cases when no sensate agent was believed to be causally involved. Colic, for example, was viewed by Southern Appalachians as a common, natural disorder among infants. Nevertheless, magical cures, such as

passing an infant around a table leg from mother to father three times, were used to treat it. No sen-sate agent was thought responsible for a nosebleed, but some people believed that one could “cut” (staunch) bleeding by having a few drops of blood fall on the blade of a knife. Numerous other examples could be cited. The personalistic model also fails to include some magical aspects of pre-ventative folk medicine, such as the violation of taboo. Some Southern Appalachians, for example, believed that trimming one’s fingernails on Monday resulted in illness on the following Friday, and that breaking a bird nest apart caused a headache. In the case of taboo, the sensate agent responsible for the illness was not a witch or sorcerer purposefully trying to cause harm, but the ignorant or neglectful sufferers themselves. Another problem with the personalistic model in the Southern Appalachian case is that it does not capture the role of many folk healers not considered witches or sorcerers who nevertheless employed supernatural modalities to heal people, such as thrush doctors, wart doctors, bloodstoppers, goiter rubbers, and burn doctors.

The following description of Southern Appalachia’s folk medical belief system recognizes the existence of two domains of knowledge in the more traditional sense: a naturalistic domain that conforms to Foster’s definition, and a magico-religious domain. Use of the term “magico-religious” is meant to capture all supernaturally based beliefs and practices relevant to both the cause and treatment of illness, including the use of supernatural modalities for the treatment of illnesses *not* thought to be caused by sensate agents. Importantly, this model is an emic construction, which is to say that it reflects the way Southern Appalachians thought about the cause and treatment of illness. It should be kept in mind, however, that these two knowledge domains were not mutually exclusive, perfectly discrete domains in the minds of Southern Appalachians. As already noted, illnesses thought to be naturally caused were treated by magical means. In some cases, it is impossible to determine whether a particular treatment was magically or naturally based. Consider, for example, sliding a pair of scissors or knife down one’s back to stop a nosebleed. Was this done in the sense of sympathetic magic, or in the belief that contact with something cold would cause surcease? Unfortunately, past investigators failed to make this distinction for many folk remedies. Some remedies involved both magical and natural elements. For example, tying a rag tightly around the head for a headache involved the belief that curtailing the excessive flow of

blood to the head cured a headache, but many Southern Appalachians insisted that a red cloth be used because red, the color of blood, was believed to have a magical healing effect. Many naturalistic and magical cures were based on treatment regimens involving the number three, or its multiple, nine, because three had a magical connotation. Far from being discrete domains of knowledge, the naturalistic and magico-religious domains were strongly interconnected.

The Naturalistic Domain

The naturalistic component of Southern Appalachian folk medicine was influenced by humoral pathology, the dominant theory of illness causation in America and Europe in the eighteenth century, and later by miasmatic and atmospheric theories in the nineteenth century. As developed by the ancient Greeks, humoral theory postulates that health is dependent on maintaining a balance in four body fluids: blood, phlegm, black bile, and yellow bile. Each humor is associated with a particular quality: heat, cold, dryness, and moistness, respectively. Fluctuations in the volume of a humor produces an imbalance in the system, thus resulting in illness. Such factors as seasonality, climate, diet, and age cause fluctuations in the volume of the humors. During the winter, for example, phlegm (cold) increases, while in the summer blood (heat) increases. Greek physicians also recognized the natural tendency of individuals to produce more of one humor than another. Thus, individuals are born with particular temperaments: sanguine (blood), phlegmatic (phlegm), melancholic (black bile), and bilious (yellow bile).[19]

Many of the elite physicians in colonial America were educated in England, where they were influenced by Dr. Thomas Sydenham's modified theory of humoral pathology. Of the four humors, Sydenham emphasized one, blood, which he believed either contained the other humors or was the one that the others were derived from.[20] Also discarded in Sydenham's modification of humoral theory was the classification of illness, medicinal plants, and foods as hot or cold. In contrast, the hot/cold dichotomy was retained in Spain and subsequently diffused to its colonies in Latin America, where today it is a vital part of Latin American folk medicine.[21] As discussed later, however, elements of the hot/cold dichotomy were also retained in Southern Appalachia.

Essentially, Sydenham maintained that illness was caused by particles of morbific matter derived from various miasmata (decaying organic matter) entering the body through the air, resulting in a state of putrefaction and the subsequent disruption of humoral equilibrium. [22] Dangerous miasmata included putrid vapors arising from marshes, decaying vegetation, slaughterhouses, cesspools, sewers, latrines, and unburied animals.[23] To eliminate morbific matter from the body, physicians relied on what came to be known as "heroic therapy," which involved purging, bloodletting, sweating, blistering, puking, and cupping. Dr. Benjamin Rush, America's most celebrated physician in the eighteenth century, was an advocate of miasmatic theory, but with one significant modification. Focusing on the vascular system, he believed that all illness originated from excessive tension in the blood vessels. [24] Rush advocated bleeding and purging in the extreme as measures to relieve excessive vascular tension. Bleeding was also done to relieve pressure in an inflamed organ or part of the body, as explained by one physician who practiced it: "Draw blood from either an artery or vein, and a vacuum is produced proportionate to the amount abstracted. We infer, then, that the mass of blood rushes forward to fill the vacuum created, carrying with it a part, at least, of the engorged blood in the inflamed part."[25]

Bloodletting sometimes meant removing blood from a patient until syncope (fainting) occurred, and it was not uncommon for physicians to extract as much as fifty ounces from a patient over a few days. Other, less extreme bloodletting techniques like scarification, the application of leeches, and cupping were used to treat specific areas of the body to reduce inflammation or correct the malfunction of a particular organ. Also known as "wet cupping," scarification entailed making small lacerations on the skin and forcing the blood out by cupping or mouth suction with a gourd or cow horn.[26] Regular or dry cupping was done by heating a glass cup and placing it on the body. As the cup cooled a vacuum was created, producing a suction effect that resulted in painful blisters. The pus emitted from the blisters "was to be a desirable emission of harmful matter."[27]

Some of the materia medica regularly employed by physicians for purging, puking, and other effects (such as calomel, aconite, strychnine, jalap, and arsenic) are highly toxic and produce severe iatrogenic effects. The excessive administration of calomel (mercurous chloride) to purge and

salivate patients, for example, resulted in mouth ulcers, tooth loss, and bone caries. Arsenic was used to assist digestion and build an appetite. Opium was liberally used, often resulting in patient addiction. “I firmly believe,” said Oliver Wendell Holmes Sr., “that if the whole *materia medica* could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes.”

Germ theory was gaining ground in the late nineteenth century, particularly in Europe, but the average physician in America remained skeptical and adhered to miasmatic and atmospheric theories.[28] Physicians relied less on bloodletting, but much of the heroic materia medica remained. The tension between the old and new theoretic orientations in official medicine is discussed by the Southern Appalachian physician Abraham Jobe in his 1905 autobiography:

I believe there are but few contagious diseases, but a good many epidemic diseases. Contagious disease is communicated by coming in contact with the person afflicted. An epidemic disease is caught by coming in contact with a peculiar atmosphere, impregnated with some occult substance unknown to us, and which travels in the air in districts where epidemics prevail. I think it impossible for anyone to tell just what it is, or to define the cause for its being there. It is an invisible, impalpable, and intangible something that cannot be defined. I am well aware that a large number of writers of this fast age, who I think are trying to outrun the telegraph, are endeavoring to snow under this atmospheric cause of disease by calling doctors of my age [seventy-five] old fogies, men who have practiced half a century and devoted their lives to the profession and learned by actual experience truths that are worth all the theories that were ever brought forward since the days of the father of medicine. I hold that *one* absolute fact is worth a thousand theories. These late extravagant writers attribute as the cause of nearly all disease to Bacilli, or microbes. [29]

As I see it this monkeying with microbes threatens to become a popular hobby with many in the profession. I predict that it will have its run, just as did the Brown-Seduard remedy, and sooner or later, those who are now so extravagant in its praise, will be ashamed they ever endorsed it.[30]

The humoral and miasmatic theories are particularly conspicuous in Southern Appalachian folk medical beliefs and practices related to the

blood and excretory systems. As discussed in detail in Chapter 4, Southern Appalachians believed that illness in most cases was caused by fluctuations in the volume of blood (high versus low); changes in the viscosity of blood (thick versus thin), attributed to the accumulation of waste matter in the blood; and, to a lesser extent, the blood's sweetness (i.e., the amount of "sugar" in the blood). Reports indicate that bloodletting, cupping, and scarification were done by laypeople in the early 1900s either to remove morbific matter or lower blood volume. Because Southern Appalachians thought that most illnesses were caused by defiled blood, a person who became ill was often purged with calomel, a variety of botanical teas, a "dose of salts" (Epsom salts), or castor oil. Even diarrhea was treated by purging since it was viewed as a sign that the body was attempting to jettison poisonous matter. As late as the 1940s, children in Southern Appalachia were regularly purged, especially during the spring, as an illness preventative.

The concept of defiled blood can be easily linked to miasmatic theory, but it likely also reflects the influence of the popular health reform movements in America during the nineteenth and early twentieth centuries, particularly the health maintenance regimen advocated by John Harvey Kellogg to prevent autointoxication, defined as "self-poisoning produced by 'ptomaines' released when residual dietary protein putrefied in the intestines."[31] Meat, a major source of ptomaines, was to be avoided, and regular evacuation was essential to prevent autointoxication. Southern Appalachians never gave up on eating meat, but they did believe in the concept of autointoxication.

Physicians and numerous marketing publications produced by proprietary medicine companies and herb dealers informed Southern Appalachians about the importance of keeping the bowels and blood clean by regular evacuation. In 1854 a pharmacist in Philadelphia offered the wry observation that proprietary medicine companies "appear to be opening men's purses by opening their bowels."[32] The description of blood pollution in a booklet titled *The Herb Doctor*, published in 1919 by the Indiana Herb Gardens in Hammond, Indiana, and distributed free to thousands of potential clients across America, represents the typical Southern Appalachian's notion of autointoxication. This document was in the possession of a family that lived in Plato, an isolated community on Ripshin Mountain in eastern Tennessee.

This foul matter [undigested food and excreta] forms a coating in the intestines and stomach and even deposits what is commonly known as tartar on the back of the teeth. The delicate passages through which the bile, juices, etc. pass from the liver and other organs are choked up. Absorption and secretion are suspended, or partly so. The stomach and intestines are unable to digest food properly. The liver is clogged and overloaded with bile. The kidneys are filled with decayed tissue and dead corpuscles. And the blood, which should be filtered and purified, becomes contaminated and poisoned and is pumped through the heart to every conceivable portion of the body from the brain to the toes. It is not hard to see that such blood, instead of building and repairing the tissues of the body, can only poison the entire system. It is of prime importance, therefore, that the bowels are put into good condition before attempting to cure any disease of any kind.[33]

In *Culture and Medicine*,*Lynn* Payer examines the cultural configuration of official medicine in Europe and the United States and notes how official medicine in different countries varies in terms of the primacy given to particular organs. In France, for example, the liver receives considerably more attention than it does in other countries. In Germany the heart is the major locus of concern,[34] while the English exhibit great concern with the bowels. [35] American culture has long been associated with disorders of the nervous system, beginning in the late nineteenth century with recognition of the "American disease," neurasthenia. Over the years, neurasthenia mutated into a variety of mental disorders recognized by physicians and laypeople alike.[36] The folk medicine record in Southern Appalachia, however, suggests that the bowels and blood system remained the major loci of concern among laypeople, reflecting the considerable influence of official and popular medicine. The concept of defiled blood and the associated belief in regular evacuation of the bowels continue to resonate in the region's folk medical belief system today, though mainly among members of the older generation.

Notions about sickness caused by exposure to ambient hot and cold conditions were also retained by laypeople, though the humoral hot/cold concept had been discarded in the development of official medicine in the United States. Southern Appalachians continued to believe, as many still do today, that changes in the seasons, moving from a warm to cold environment or vice versa, exposure to cold drafts of air and dampness,

relocating to a different climate, walking barefoot on a cold floor, and prolonged exposure to intense cold or hot environments caused sickness.

Another therapeutic intervention reflecting the influence of nineteenth-century official medicine was “sweating,” which was used in Southern Appalachian homes primarily for fever but also for measles, cold, and even tuberculosis. Therapeutic measures included any combination of the following: ingesting diaphoretic teas prepared very hot, application of onion poultices to the chest and back, placing warmed bricks in the bed, and converting the house or a room in the house into a veritable sweat box by closing all windows and doors and building raging fires. These measures served the purpose of eliminating morbific matter from the body and, with respect to measles, enabling the breaking out process.

The use of irritants to redden or blister the skin, and the practice of cupping as well, was viewed by Southern Appalachians as a necessary intervention for removing morbific matter from the body. Materials such as mustard seed, Spanish fly, and cayenne pepper were applied topically for this purpose. In explaining the use of these sweating and blistering techniques, Southern Appalachians spoke about “burning” a fever, cold, flu, and pneumonia out of the body. The use of irritants reflects the influence of the counterirritant concept evident in nineteenth-century official medicine. Essentially, it was thought that skin irritation would ameliorate or contravene disease conditions deep within the body, or draw the inflammatory disease to the surface where it could be more effectively treated.[37] Irritants were commonly used, for example, in the treatment of pleurisy, headache, muscle aches, cramps, sprains, and rheumatism. If nothing else, skin irritation was useful in providing relief by enabling the patient to focus on the irritation effect rather than pain, if only for a while.

Aside from miasmatic and humoral-based beliefs and practices, Southern Appalachians adhered to an allopathic approach to the treatment of illness. Thus, the folk materia medica, which included an extensive and bewildering range of botanical, animal, and mineral substances, were employed to contravene the symptoms of illness. Botanicals were used, for example, for their known anodyne, carminative, antiseptic, expectorant, emetic, antiemetic, antihelminthic, antitussive, and other effects, even though people knew nothing about the chemical properties that produced such effects. Their use of these materials was based on empiricism, not science.

The naturalistic domain also includes the recognition of several folk illnesses such as bold hives, white liver, livergrown, and various disorders associated with the blood system, all of which are discussed in Chapter 4.

The Magico-Religious Domain

Many supernatural practices used to treat illness in Southern Appalachia were based on the concept of sympathetic magic, that is, the notion that like affects like. Many people believed, for example, that one could "cut" (stop or curtail) the pain of a woman in labor by placing an axe or knife under her bed. Asthma was cured by a technique known as "measuring." One common example was cutting a stick (usually from a sourwood tree) the length of a child and then placing the stick up a chimney or in the attic. Over time the child would outgrow the asthma as she outgrew the length of the stick.

Another sympathetic magic technique, "passing," was used to treat a variety of childhood maladies. Colic, for example, was treated by passing a child from mother to father, usually three times, under a horse, mule, or bush, through a horse collar or split sapling, or around a table leg, as noted above. The underlying assumption was that the child would pass from a state of sickness to wellness.

The number three (or its multiple, nine) figured prominently in magical cures, illustrating another dimension of trichotomy as a major cognitive pattern in Euro-American culture.[38] The origin of trichotomy is unclear. Some suggest that it reflects the Christian concept of the Holy Trinity (Father, Son, and Holy Spirit), nuclear family structure (mother, father, child), or linguistic patterns (first, second, and third person distinctions or tense structure).[39] Whatever its origin, trichotomy is well represented in Southern Appalachian folk medicine.

Some magical cures were based on the belief that an illness can be transferred to an object or another person. One popular wart cure, for example, involved placing stones equal to the number of warts one had into a poke (paper sack) and then placing the poke on the side of the road. When a curious person picked up the poke to see what was inside, that person "picked up" (contracted) the warts as well. Buckeyes, potatoes, or various animal bones were carried in a pocket to absorb arthritis. Some thought that having a child sleep with an older person had an invigorating effect on the

older person, because some of the vitality of the child would transfer to the older person.

Charms were used for a variety of ailments, including profuse bleeding, goiter, warts, boils, ringworm, sty, and burns. English translations of German charm books, such as *John George Hohman's Pow-Wows, were* consulted by Southern Appalachians.[40] As with "passing" rituals noted above, the number three figured prominently in the use of charms, which usually had to be said three times for the treatment to be effective. The color red was thought to have a healing effect, as illustrated by the stipulation that a piece of red flannel cloth, thread, or bandanna be used in some remedies. In European folk medicine red was symbolically associated with blood, and blood with vitality and the humoral quality of heat. [41]

Included within the magico-religious domain are folk medical beliefs and practices connected to the celestial realm. Some magical cures were performed during certain phases of the moon, and others in accord with the rising and setting of the sun. Organs of the body were associated with the moon signs of the zodiac, and each organ was thought most vulnerable to certain ailments when its sign was ascendant. Some people believed that the healing power of certain herbs was defined by an association with zodiac signs, and that the cycle of signs determined when such plants were to be gathered.[42] The forty days (3 July to 11 August) encompassing the rise of the Dog Star, Sirius, was thought to be a dangerous time for both people and animals. During "dog days," dogs were more susceptible to going mad, snakes more inclined to bite, and sores and wounds less likely to heal. [43]

The religious orientation of Southern Appalachia has always been and remains predominantly Protestant, but the area is characterized by significant diversity in doctrine and practice. While Methodists, Baptists, and Presbyterians have deep roots in the region, it has also been fertile ground for the growth of numerous small denominations such as the Primitive Baptist and Assembly of God, various sects like the Holiness and Pentecostal, and numerous independent churches.[44] Lamentably, journalists, novelists, and academics have given an inordinate amount of attention to the religiously grounded fatalistic outlook of the poor and to some of the more ecstatic, but relatively rare, ritual behavior in certain sects and independent churches, such as handling poisonous snakes and drinking "salvation cocktails" of strychnine. "No aspect of Appalachian life," one

scholar of religion in Appalachia observes, “is more misunderstood and misrepresented than that of religion.”[45] This is especially true with respect to understanding concepts of illness causation and faith healing.

Deborah McCauley maintains that “the independent non-denominational church stands at the center of the spectrum of church traditions making up mountain religious life.”[46] These churches represent a distinctive “mountain religion” defined by an emphasis on active engagement with the Holy Spirit, saving grace, simplicity and informality in ritual, egalitarianism, and heart over intellect. Historically, the roots of mountain religion can be traced to the religious orientation of the peoples of the British borderlands who settled Southern Appalachia. They fervently rejected established religion (hierarchy and authority), held informally conducted outdoor religious services called camp meetings (known as “Holy Fairs” in Scotland and “brush arbors” in the southern United States), and strongly believed in Protestant fundamentalism and born-again revivalism.[47]

Faith healing is an enduring aspect of religious belief in Southern Appalachia, both in McCauley’s mountain religion tradition and in mainline denominational churches. Faith healing involves an act of solicitation, such as individual and communal prayer, and the laying on of hands. The faith healing tradition is also evident in the belief that some individuals serve as instruments of God’s healing power. Included within the diverse group of faith healers are not only the preachers, evangelists, and others who are believed to have a God-given gift for healing by the laying on of hands, but also folk healers like bloodstoppers and burn doctors who maintain that God works through them. One of the earliest descriptions of a faith healer in Southern Appalachia is in an 1889 article by anthropologist James Mooney:

On one occasion he described in detail his method of curing by the touch. The patient is stretched out on the bed, suffering, let us suppose, from rheumatism. The doctor approaches and lays both hands, palms downward, upon the breast of the sick man. He then draws his hands slowly down along the body of the patient, and repeats the operation until he feels the disease enter at the tips of his own fingers, then mount gradually into his arms, and so pass into his body. At first he can shake off the disease current from his fingers, as one shakes drops of water from his hand, but as it becomes stronger it fills his whole body and thrills every nerve, until at last

he can endure it no longer, but must rush out of the house to the nearest stream,—which in this country is never very far away,—and there washes off the deadly influence by repeated ablutions. According to his own statement, the ordeal always left him in an exhausted condition, and it seemed as if he himself really had faith in the operation.[48]

A "moral view of misfortune," traceable back to the development of Protestantism in the sixteenth century, is actively espoused by Southern Appalachian fundamentalists but also passively shared by others. In this view disease can be understood to obey natural laws, but its ultimate cause is believed to be the violation of God's laws.[49] Several observers have commented on the fatalistic worldview of the poor and noted that they tend to explain illness and other misfortunes as God's punishment or as a test of their faith.[50] Southern Appalachians of diverse church affiliations believe in the existence of the Devil and demons, at least theoretically, but radical fundamentalists maintain that the Devil and demons are active agents of illness causation. This belief is illustrated in the portrait of a faith healer presented in Chapter 5.

The Influence of Native American Medicine

Discerning the Native American influence on Southern Appalachian folk medicine requires an examination of the basic concepts of illness causation and related treatment modalities of the indigenous peoples who occupied the eastern United States prior to European contact. The health belief system of the Eastern Band of Cherokee in North Carolina is offered as a case study of Native American influence for two reasons. First, there was extensive contact and intermarriage between the Cherokee and the Europeans who settled Southern Appalachia. Second, from a historical perspective much more is known about Cherokee medicine than that of other Native American peoples who occupied the region. With regard to mate-ria medica, however, it should be kept in mind that Southern Appalachian folk medicine, and official and popular medicine as well, evinces the influence of indigenous peoples located far outside the region. For example, knowledge of cinchona (the source of quinine) and coca (the source of cocaine), was obtained by the Spanish from indigenous peoples in South America.

Like those of other Native Americans throughout the United States,[51] Cherokee concepts of illness causation were predominantly, if not essentially, personalistic.[52] Most illness was believed to be caused by a host of spirits associated with features of the landscape (such as a river), animals, natural phenomena (such as thunder, fire, and sun), and the ghosts of animals. Some of the same spirit beings, along with others, were invoked to eliminate illness. Witches (people born with an innate power), sorcerers, and fairy-like beings known as "Little People" were also thought to cause illness; other causes included breach of taboo and soul capture. Spirit beings were often thought responsible for the manifestation of illness-causing dreams. The Cherokee possessed an extensive and complex lore of dreams and the specific illnesses they caused. Healing specialists known as conjurors took care to distinguish between illnesses caused by spirit-induced dreams and those caused by spirit invasion of the body. An illness caused by dreaming of snakebite and an actual snakebite were treated differently. Saliva was granted as much importance in Cherokee medicine as blood. It was believed that saliva was produced in the throat and that its "spoilage," caused by spirit-induced dreams and witchcraft, resulted in sickness.

Illness treatment by a conjuror usually involved the recitation of sacred formulas (incantations) in combination with the topical application and/or ingestion of plant infusions, massage, fumigation, scratching, sweating, vomiting, and bathing. Constriction of the throat, for example, was sometimes thought to be caused by a blockage of insect ghosts. Treatment entailed an incantation that summoned a frog spirit to eat the insect ghosts (or a fish spirit if water insects were involved) and the application of a poultice of mullein leaves. To treat a fever, the Blue Man spirit (associated with coldness) was called upon to eliminate the heat, and a flax seed infusion was ingested by the patient. An illness that symptomatically seems to align with rheumatism was thought to be caused by spirits (of a deer or measure worm, for example), violation of food taboos, and excessive sexual intercourse. Depending on the cause, which was determined through divination by a conjuror, this illness was treated by scratching the skin with a flint blade or snake tooth, massage, the topical application and ingestion of plant infusions, or incantations that summoned the assistance of spirits.

"When a Cherokee fell ill," anthropologist Charles Hudson notes, "he would first try to cure his illness with means that were known by everyone,

but particularly the old people of his lineage."[53] If self-treatment or the interventions of kin failed, a conjuror was consulted. Unfortunately, little is known about "the means that were known by everyone," or what may be termed "home medicine." Instead, Cherokee medicine of the past is known largely from the perspective of "the medicine man," a term that embraces distinct groups of magico-religious specialists (priests, conjurors, and sorcerers) and specialists within these groups as well.[54] It seems, however, that nonspecialist healing knowledge ("the means that were known by everyone") was more likely to diffuse to the Euro-Americans, especially in cases of Cherokee/white intermarriage, and that much of this knowledge would be confined to the use of medicinal plants and other materia medica. Very little is known about what the ordinary Cherokee family did to treat common maladies like cold, headache, sprain, broken bone, nosebleed, earache, sore throat, sore muscles, and the like before a conjuror or other healing specialist was summoned.

While doing follow-up research among the Eastern Band in 1926-27 for the preparation of James Mooney's *The Swimmer Manuscript: Cherokee Sacred Formulas and Medicinal Prescriptions* (1932), Frans Olbrechts observed that "diseases that used to be ascribed to neglect of ritual in killing game [such as asking pardon or building a fire] are now said to be caused by the hunter inhaling 'bad odors' of the animal while skinning and cleaning it."[55] This change in belief represents the residual influence of miasmatic theory, which had been discarded by official medicine by this time. Olbrechts also notes the influence of Euro-American folk medicine in the practice of burning old shoes as a purification rite against contagious diseases.[56] Anthropologist Raymond Fogelson's research on Cherokee medicine among the Eastern Band in 1957 found that traditional beliefs and practices such as sympathetic magic, scratching, bathing, and herbal treatments were still evident, but "as regards internal ailments, present Cherokee medicine represents a curious mixture of native cures and Euro-American notions diffused through the selective screen of home-spun white mountain culture."[57]

As discussed earlier and illustrated in Chapter 4, Southern Appalachians possessed considerable magico-religious knowledge about the cause and treatment of illness. Though this knowledge was conceptually similar to Native American medicine in many respects (sympathetic and contagious

magic, violation of taboo, and belief in witches, for example), it is nevertheless essentially European in origin. Furthermore, the highly personalistic aspect of the Native American theory of illness causation apparently made no systemic impact on Southern Appalachian folk medicine. The Cherokee and other Native Americans shared with Euro-Americans several treatment modalities, such as sweating, purging, vomiting, and fumigation, but the reasoning underlying their use was not the same. Other parallels are the use of spider webs as a styptic, the belief that a worm in the tooth causes a toothache, and belief in the healing power of lightning-struck wood. [58] These practices, however, appear to have been independently invented in the New and Old Worlds. The Native American influence on Southern Appalachian folk medicine, and official and popular medicine as well, appears to be confined mainly to medicinal plants indigenous to the New World. This topic is discussed in more detail in Chapter 3.

More recent studies of Cherokee medicine note the persistence of conjury among the Cherokees in the Qualla Boundary and Snowbird reservations in North Carolina,[59] but much has changed over the years as well. In J. T and Michael Garrett's book, *Medicine of the Cherokee: The Way of Right Relationship* (1996), Cherokee medicine is presented in the context of fundamental religious and philosophical concepts such as harmony and balance, the four sacred directions and healing paths, the rule of opposites, and the universal circle, all of which comprise the Medicine Way of the Cherokee and other Native American peoples. It is of interest to note that the Garretts, members of the Eastern Band of Cherokee who studied with medicine elders of the Cherokee for several years, make no reference to some of the concepts of illness causation identified by James Mooney in the 1880s, such as the malevolent activity of spirit beings, soul loss, witchcraft, and sorcery. It is not clear if this omission is indicative of the perspective of the more acculturated Cherokees who dismiss such beliefs or an effort by the Garretts to share only selected aspects of Cherokee medicine with a New Age audience.

African American Folk Medicine in Southern Appalachia

Research on African American populations in Michigan, Georgia, and Arizona shows a close correspondence in the folk medicine of African

Americans and Euro-Americans.[60] A recent investigation of the folk medical beliefs and practices of African Americans residing in Southern Appalachia supports this observation.[61] Both groups, for example, share a similar set of folk beliefs about the blood system, use many of the same home remedies and magical cures, and believe in some of the same folk illnesses, such as bold hives, white liver, and nerves. Such congruence indicates a diffusion of folk medical knowledge between the two populations as well as the influence of nineteenth-century official and popular medicine. As anthropologist Loudell Snow points out, it is "not always possible to identify a particular belief or practice as distinctly 'African' or 'European' or 'Native American' in origin" due to parallel but independently conceived folk medical knowledge such as, for example, belief in imitative and contagious magic, witchcraft, and sorcery.[62] It appears, however, that the more African-derived hoodoo healing tradition, which is abundantly evident in African American populations in Louisiana, Georgia, and the Carolinas, had little influence on the conceptual base of Euro-American folk medicine.[63] This is more likely to be the case in Southern Appalachia, particularly in the more mountainous areas, where the African American population historically has been small due to the fact that slavery was not as prevalent as in the lowland South.

Though the African influence on Euro-American folk medicine seems negligible, sources indicate that Euro-Americans sought the assistance of African American practitioners of conjure, "juju," "rootwork," "gophering," and "voodoo" for health and other problems.[64] More interesting is the relatively common belief held by Euro-Americans within and outside Southern Appalachia that ordinary African Americans possessed an inherent healing power, which whites on occasion attempted to access. Whites thought, for example, that the hair, saliva, and urine obtained from a black person contained the essence of that person's innate healing power. In North Carolina, Kentucky, Georgia, Tennessee, and Pennsylvania, a cure for earache used by whites involved insertion of a hair or lock of hair from a "negro" into the ear. [65] A variation of this remedy required that the black person providing the hair also urinate on it.

In Hancock County, Tennessee, the author was told by residents in 1979 that as late as the 1940s some white people believed that an infant could be cured of thrush by having it take a ride on horseback with a black man. The

following remedy for ringworm was reported in Alabama: “Have a black woman spit on it; so-called ‘blue gummed’ negroes have especially effective saliva, as they are generally more ‘magic’ than others.”[66] In eastern Kentucky, some believed that “an expectant mother may protect herself against broken limbs by carrying a negro’s kinky hair on her person.”[67] A resident of Carter County, Tennessee, informed the author in 1999 that some fifty years ago people took their children to a local black woman who cured them of thrush by having them drink water from one of her shoes. Pennsylvania Germans believed that whooping cough could be prevented by kissing a “colored man.”[68] There is only one report of blacks using substances obtained from whites as materia medica. [69]

The following rheumatism remedy from Texas is a related but interesting departure: “Put a negro boy across the foot of a bed and put your feet on his back or stomach and the rheumatism will drain into his body.”[70] In this case, it appears that the rationale was that a black person was capable of absorbing and disposing of an illness. Whites may have thought, however, that disease transference harmed the individual receiving it and that it was best to dispose of disease in members of a pariah group.

Belief in blacks as vessels of healing power is linked to notions about “savage Africa” that extend back to initial European contact with “the dark continent” in the sixteenth century. This image of Africa was created not out of historical and ethnological facts, but rather out of what anthropologist Paul Bohannon calls the “philosophical necessity” of an uncivilized “other” to legitimate both the superiority and shortcomings of Euro-American civilization. As is often the case with imaging the “other,” the African stereotype was dualistic. On the one hand was the “noble savage” who lived in harmony with nature and free of the struggle for material wealth and power that characterized Europe and America. On the other hand was the “depraved savage”: the cannibal, sensualist, and heathen.[71]

“In missionary circles,” John Mbiti says, African religion and magical beliefs and practices were “condemned as superstition, satanic, devilish, and hellish.”[72] There was, however, an undercurrent of popular belief that “heathen” Africans could indeed access supernatural forces, though such powers were frequently construed as evidence of consorting with the “forces of darkness.” While blacks were viewed by most whites as inferior

and were treated as pariahs, or worse, as subhuman, their African "otherness" paradoxically contributed to the whites' notion that they possessed extraordinary healing knowledge or power.

The cure for ringworm mentioned above assumes a relationship between the shade of color of a black person's skin and the person's inherent healing power. The term "blue gum" was used pejoratively by whites in the South to identify blacks with particularly dark skin. Thus, the assumption was that the darker the skin, the purer the race, and the purer the race, the greater the inherent healing power. Miscegenation apparently diluted that healing power.

Though it will never be known because of the lack of contextual information, blacks may have promoted and exploited white belief in them as sources of healing power to improve their socially marginal status in a racist society. On the other hand, there is also the possibility that they risked accusation of using their power nefariously.

Southern Appalachian and Euro-American Folk Medicine

The folk medical belief system of Southern Appalachia is anything but unique to the region. The amalgamation of various strains of European folk medicine, Native American botanical medicine, and official and popular medicine that occurred in the eastern part of the United States in the eighteenth and nineteenth centuries resulted in a generic form of Euro-American folk medicine that subsequently spread across the continent with westward migration. Euro-American folk medicine in Illinois and Indiana is fundamentally no different from that in Southern Appalachia.[73] Historically, however, Southern Appalachia represents an epicenter of Euro-American folk medicine. Thus, the strong similarity between the folk medical beliefs and practices reported in Missouri, Arkansas, and Texas, for example, and those in Southern Appalachia is attributable to the large number of Southern Appalachians who settled in these and other states.[74]

CHAPTER 3

Folk Materia Medica

Human adaptation to the environment involves not only the development of technologies to obtain the necessities of life but also the imposition of symbolic meanings to the physical landscape. In the process of transforming physical landscape into mindscape, humans create "therapeutic landscapes," which cultural geographers define as places that have "an enduring reputation for achieving physical, mental, and spiritual healing."[1]

Southern Appalachia as Therapeutic Landscape

The Cherokee and the European settlers and their descendants shared the perception of Appalachia as a salubrious, healing environment. Both, for example, believed that a plant existed for every malady known to humankind. According to a Cherokee myth, humans were without diseases until the animals created them in retribution for the lack of respect humans had shown them. The plants, however, felt that the animals were much too harsh and volunteered themselves to provide a cure for every disease the animals created.[2] Similarly, the Europeans believed that humans were disease-free until their fall from grace. God, however, had mercy and provided a plant for every disease. The problem confronted by both the Cherokee and the Europeans, however, was identifying the appropriate plant for each disease. The European settlers used a method known as the doctrine of signatures, which maintained that God provided a clue, or signature, as to a plant's potential medicinal use. A plant with a heart-shaped leaf indicated its potential use for heart problems; a plant with a yellow-colored flower signified its use for jaundice; the convoluted appearance of the walnut fruit aligned with the appearance of the brain. The

Cherokee used a similar method. Ferns, for example, were thought good for treating rheumatism and arthritis because the fronds of a young fern are curled up and gradually extend outward as the plant matures. The milky juice of a plant was selected to treat urinary infection because it corresponded with the symptom of a milky discharge.[3] The taste and smell of plants also suggested their potential use as medicines. Both the Europeans and the Cherokee were drawn to plants with a bitter taste or pungent odor. The Cherokee believed that the pungent odor of a plant would put "the disease demon to rout."[4] The Cherokee also believed that plants with anomalous growth patterns or structures had curative properties. For example, bark taken from a "crippled tree" (one that was damaged in some way while young yet continued to grow) was considered to have healing power. Folklorist Wayland Hand documents a similar Euro-American belief in the curative power of trees and shrubs with anomalous growth structures. Various diseases in infants and children, for example, were treated by passing the child through a naturally formed cleft in the trunk of a tree or a loop formed by interlaced branches of a tree or shrub.[5]

Along with the many plant materials used for medicine, food, and shelter, Southern Appalachia provided an abundance of fish and game. Both the Cherokee and the Euro-Americans employed a variety of medicinal substances, including blood, saliva, gall, hair, teeth, bone, hoof, skin, fat, dung, and urine, obtained from wild as well as domesticated animals.

Healing water was a key feature of Appalachia as therapeutic landscape. For the Cherokee, water was connected to notions of spiritual cleaning. For the European settlers and their descendants, drinking spring water was, and for many still is, part of a regular health maintenance regimen. It was believed that freestone spring water contained vital healing properties as well as being cleaner and tasting better than the water of rivers, wells, and springs used by town dwellers. Writer Emma Belle Miles claimed that "the mountaineer takes the same pride in his water supply as the rich man in his wine cellar, and is in this respect a connoisseur."[6] Miles added that Southern Appalachians were partial to "the purest and coldest of freestone," but some favored their own particular spring, whether it tasted of sulfur, soapstone, limestone, or freestone.[7] Some springs were associated with the treatment of specific diseases. While conducting fieldwork in Cocke

County, Tennessee, in the late 1930s, linguist Joseph Hall observed that some residents believed that each of the seven springs located on English Mountain "kills a different disease."[8]

Beginning in the 1830s and continuing until the turn of the twentieth century, thousands of outsiders availed themselves of Southern Appalachia's healing springs. The exact number is not known, but numerous health spas were built in the region during this period. One of the first was erected in 1831 at Hot Springs in Madison County, North Carolina.[9] By 1873 it included a three-story hotel that accommodated 250 residents, bathing pools, tennis and croquet courts, a cafeteria, and other facilities. The hot mineral water (110 to 115 degrees Fahrenheit), which was both bathed in and ingested, was promoted as a cure for rheumatism, paralysis, neuralgia, and general debility. Information is lacking, but it is likely that some of these spas were established during the hydropathy fad, also known as the "water-cure" movement (circa 1840 to 1870).[10] Middle and southeastern Tennessee had numerous spring-water spas. At one time Franklin County had ten in operation.[11] One of them, Plyant Springs, was described in a 1909 brochure of the Nashville, Chattanooga, and St. Louis Railway as one of the world's great wonders because of its variety of healing waters, including saline, sulfur, white sulfur, chalybeate, epsom, lythia, plyant, and freestone. Physician advocates of various water cures were on the staffs of many of these spas. In 1858 two physicians constructed a hospital near Harmony Springs in Franklin County to take advantage of the healing waters, which they used in conjunction with other interventions for treating every disease imaginable, including typhoid, yellow fever, and tuberculosis.

Many of the health spas were purposefully situated at springs located at remote, high-elevation sites, reflecting the long-held belief, shared with Southern Appalachians, that the cool, fresh air of the mountains was healthier than the putrid air of towns and cities, which was thought to cause yellow fever and malaria. During the yellow fever and malaria epidemics of the nineteenth century, town dwellers from the lowland South who sought refuge in the mountains of Southern Appalachia were in fact escaping not only putrid air but the vector of yellow fever and malaria, the mosquito.

Prior to industrialization, the agrarian way of life in Southern Appalachia was centered around a view of the environment as essentially

benevolent and, despite the ubiquity of disease, a fundamentally healthy place to live. It is this perception of the environment, as well as strong kinship and community bonds, that provides a sense of psychological rootedness to place for many Southern Appalachians and explains why many who migrated out of the region for employment in Cincinnati, Columbus, Baltimore, and Detroit felt compelled to return home after a brief or prolonged stint of work.[12] This deeper meaning of place is expressed well by Marilou Awi-atka, an Appalachian writer of Native American and Scots-Irish descent, in *Selu: Seeking the Corn-Mother's Wisdom:*

In the mountains of East Tennessee, where I come from, stories and the oral tradition are a way of life. Whatever one's individual heritage— Cherokee, Celtic, African or a combination of the three—we all live by stories. And not only those that humans tell. The Great Smokies and their foothills, themselves, are Story—older than the Rockies, older than the Andes. Veiled in blue haze, whose source remains a mystery, the mountains were never covered by the Ice Age. Their root system of plant and forest has been continuous for millions of years. Mountain people see this ancient web of life with our eyes. We feel it beneath our feet. We know we are part of the story.[13]

Over the last two decades, the idea of Appalachia as therapeutic landscape has taken on another dimension of meaning with the increasing presence of practitioners of various New Age healing modalities, most notably reiki and shiatsu, neo-shamanism, and neo-paganism. According to a recent investigation by Appalachian writer Jo Carson, the area between Johnson City, Tennessee, and Asheville, North Carolina, is home to numerous alternative healers and healing groups that remain largely hidden from view but are nonetheless consulted by many people seeking relief from illness.[14] *Rolling Stone* magazine recently identified Asheville as "America's New Freak Capital," the "San Francisco of the East."[15] Some of these healers are native Appalachians, but most are outsiders from urban areas drawn to the region because of its natural beauty and the relatively low cost of land. For some alternative healers, however, Appalachia is a place alive with "spiritual energy," a place where other planes of existence and healing forces are more readily accessible. Some say the Appalachian

Mountains are a source of spiritual energy because they are, in geological terms, the oldest in the Western Hemisphere. Others relate Appalachia as a special place of spiritual energy to psychic Edgar Cayce's prophecy of a coming cataclysm caused by a shift in the poles of the earth's rotational axis. It is said that the Appalachian Mountains will remain intact while parts of the Atlantic and Pacific coastlines will crumble into the sea. (In his psychic readings, Cayce identifies certain areas in North America that will not be affected by the cataclysm, but Appalachia is not one of them.)[16] Still others maintain that energy lines, known as "ley lines" in some circles, span the earth and transect at certain locales in Appalachia.

Botanicals and the Local Economy

From a botanical perspective, it is not difficult to understand why the Cherokee and Europeans viewed Appalachia as a therapeutic landscape. It is one of the most botanically diverse regions in the world. Appalachia's many micro-habitats are home to some 2,500 plant species, of which some 1,100 have been reported to have medicinal properties.[17]

Following the Civil War, the area encompassing western North Carolina, eastern Tennessee, southwestern Virginia, southern West Virginia, and southeastern Kentucky became, and remains today, the primary source of crude drugs (i.e., raw plant materials) in the United States. According to one source, by the early 1900s three-quarters of all the crude drugs collected in the United States came from central-south Appalachia.[18] Crude drug dealers were present in the region as early as the 1840s, but most were established during the turn of the twentieth century.[19] Two of the major dealers, Wallace Brothers in Statesville, North Carolina, and S. B. Penick in Asheville, set up business in 1879 and 1908, respectively. As of i960, eleven crude drug dealers were present in the area.[20] Some of the major dealers like S. B. Penick are still in operation, as are some smaller, "tributary" dealers like Morgan Herb and Metal in Roan Mountain, Tennessee, and Elizabethton Herb and Metal in Elizabethton, Tennessee.

As in the past, price lists of plants desired by the crude drug dealers are distributed to local collectors. "One of the most anxiously awaited bits of mail received in mountain homes," one resident of North Carolina recalled, "was the receipt of the monthly printed price list of medicinal roots, herbs

and barks issued by the dealers in the city."[21] Plants desired by dealers change in accord with market demands and trends in medical research, but ginseng, goldenseal, wild cherry, and sassafras have been collected for decades, almost to the point of extinction in some cases. Collectors deposit their gatherings at local collection sites, or ship them directly to dealers.

Prior to World War II, "root digging" was a vital part of the local economy in Southern Appalachia. It was a way to supplement one's income, and for some residents years ago it was the only means of obtaining cash. The U.S. Department of Agriculture promoted plant collection as a way for the poor to improve their income. In the 1920s and 1930s, the agency prepared and distributed through its extension agents pamphlets and monographs designed to educate people about how to identify, gather, and properly prepare plants for sale to crude drug dealers. This initiative continued until the late 1960s.[22]

Over the years the demand for crude drugs declined due to the increased production of synthetic drugs, causing many dealers to go out of business. Today some of the small, tributary dealers struggle to stay afloat. They point to a shrunken pool of cheap labor as a problem and blame welfare programs for diminishing people's incentive to collect plants.[23] Nevertheless, root digging remains a vital part of many Southern Appalachian communities. According to a study done by Appalachia-Science in the Public Interest, more than half of the certified 178,111 pounds of wild ginseng collected in the United States in 1994 came from the states of Kentucky, West Virginia, and Tennessee.[24] Collectors received an average of $450 a pound, which amounted to a little over $400,000 infused into the local economy. In communities like Coal River, West Virginia, "ginseng-ing," also called "sanging," has a long history, is an integral part of the local culture, and represents an intimate, harmonious relationship between the people and the environment as much as an economic activity.[25] For some, the pursuit of "sang" and other herbs is a therapeutic activity in itself. A ninety-year-old woman from eastern Tennessee said: "When I feel down in the dumps, I go sangin'."[26] This way of life, as well as the presence of ginseng, goldenseal, and other plants, is currently threatened by the destruction of the hardwood forest "commons" areas by mountaintop mining.[27]

While some crude drug dealers have gone out of business over the years, new ones like the Warner Herb Company in Crossville, Tennessee, have emerged. Established in 1958 by John E. Warner, the company buys crude drugs in bulk, gathered by hundreds of full- and part-time collectors in eastern Tennessee, eastern Kentucky, western North Carolina, and northern Georgia.[28] Some of these plants are sold in bulk to other businesses in the United States, Japan, and Germany, but most end up in the company's own line of botanical medicines as powders, extracts, and capsules. Plants not indigenous to the region are purchased from other vendors. The company's "Medicinal Catalog" (200i) also includes vitamins, liniments, essential oils, minerals, and miscellaneous items like ear candles, sea salt, "Aztec Secret Healing Clay" (bentonite clay), and cough syrup. The catalog also notes that appointments can be made for an iridology reading. To improve the public's understanding of herbal medicine and promote business as well, John Warner gives around fifty presentations each year to various groups and organizations and conducts around fifteen "herb walks" in Cumberland County and other locales. Since public demand for these services exceeds the time he has available, he sells two videos he produced, *Herb Walk* and *Herb Seminar*, and a book he wrote, *Medicinal Plants of the Cumberland Plateau and Appalachian Mountains* (1996).

The Warner Herb Company's vending of exotic herbs and health aids like Aztec secret healing clay and the provision of iridology readings represent an adaptation to the changing needs of a clientele within and outside the United States numbering in the thousands. This marketing maneuver, however, belies the indigenous origin of the company. John E. Warner's entry into the herb business is attributable to the seminal influence of his deceased grandfather, John F. Warner (1890-1978), who was known throughout the Cumberland Plateau area of east Tennessee as an herb doctor. Beginning at age six, the younger Warner spent much of his youth helping his grandfather gather and prepare medicinal plants. Through firsthand observation of the success his grandfather had in treating people who came from near and far seeking help for chronic, acute, and sometimes terminal illnesses, he became a believer in the power of "natural medicine" and decided to become an herbalist. His theory of illness causation and therapeutic regimen for good health aligns well with the naturalistic component of Southern Appalachian folk medicine described earlier. Warner maintains that illness is caused by poisonous matter in the blood,

putrid matter accumulation in the lower intestine, and parasites in the body. Poisonous matter in the blood comes from “eating the wrong foods” (e.g., foods treated with preservatives and flavor enhancers, meats from animals treated with growth hormones, and soft drinks) and breathing polluted air. Putrid matter forms in the lower intestine due to irregular evacuation—he believes that evacuation should occur thirty-five minutes after eating a meal. Parasites (worms, bacteria, amoebas) drain the body of nutrients and break down the immune system. Warner’s company markets herbal combinations for each of these problems: a blood cleanser that contains goldenseal root, yellow dock root, red clover blossoms, burdock root, and *Echinacea angustifolia* root; a “fiber nutri flush” medicine, which contains parts of twenty-five plants, for cleaning the lower intestine; and a parasite eradication medicine, which contains vermifuges (such as pumpkin seed and wormwood leaf) and purgatives (such as pinkroot root and buckthorn root).

The Warner Herb Company represents a significant departure in the crude drug industry in Southern Appalachia in that much of the capital derived from locally wildcrafted plants (plants collected in the wild) remains in the region. Use of renewable resources like native plants represents a potentially productive area of sustainable economic development in rural Appalachia that fits well with local cultural tradition. The Yellow Creek Botanical Institute, established in Robbinsville, North Carolina, in 1998, is exploring this economic strategy.[29] It recently launched a program in economically depressed Graham County in western North Carolina that involves residents in the renewable gathering and experimental cultivation of five native plants for the herbal sector of the dietary supplements market: bloodroot, ramp, black cohosh, goldenseal, and ginseng. The institute intends to target natural food markets and related businesses whose clients are willing to pay extra for organically produced and ecologically sensitive products. The program faces numerous obstacles, such as controlling for the quality of wild versus cultivated native plants and the vicissitudes of the dietary supplement market, but if it succeeds there is the possibility of replicating the program in other economically depressed areas of Southern Appalachia.

Botanicals Used in Home Remedies

Historically, Southern Appalachians relied on a small portion of the some 1,100 plants identified in the region as having medicinal properties. Botanist Judith Bolyard's (1981) study of medicinal plants in southeastern Kentucky, for example, identified ninety plants.[30] A study on folk medicine in the Mammoth Cave area of Kentucky identified ninety-six plants, of which the most frequently used were apple, catnip, corn, mullein, onion, poke, slippery elm, sorghum, tobacco, and walnut.[31] The uses of materia medica discussed in Chapter 4 encompass more than one hundred medicinal plants.

This study identified a core group of plants used throughout the region over a long span of time for specific illnesses or as panaceas. A list of these plants is presented in Appendix B. Though the list is premised on an extensive review of primary and secondary sources, none of the sources entailed systematic collection procedures. It is best viewed, therefore, as an impressionistic assessment and not definitively representative of the most commonly used medicinal plants in Southern Appalachia. The folk medicine record often is not explicit about which particular species or subspecies of a plant was used. Southern Appalachians were astute on such differences because they knew that in some cases one species of plant worked better than others. For example, lobelia is frequently mentioned in sources, but it is not known which of the five species of lobelia was used. Alum is mentioned in some remedies, but it is unclear if it is the compound purchased at a store or the plant.

Older natives of the region will recognize many if not all of the plants on the list, but there is no doubt that some will question why a particular plant is not included, or they will contest the use of a plant for a specific illness. As with other materia medica, there was significant variation in the knowledge and use of medicinal plants, and in the past there may have been distinct patterns of folk medical knowledge at the subregional, community, and family levels. More important, variation in botanical usage reflects individual experimentation as well. Herbalist Sod Rogers, who grew up near Erwin in upper east Tennessee, spoke about experimentation in an interview: "You got to study this plant, study the nature of the plant, then you have got to know to take it in a powder or take it in a tea. I know these things to be a fact because I have experimented with them ... I know every weed, every flower, every herb in the field that contains poison; I know what they look like. I know them at a glance. I don't tinker with them. ...

But herbs, I'll keep a studying them, keep a studying and find out what the plant is good for, and that's where I get my knowledge on this."[32]

The tradition of experimentation also includes numerous failed efforts to cultivate wild plants like ginseng and goldenseal and attempts at hybridization. One of the more remarkable examples of the latter occurred in Hawkins County, Tennessee, in 1963 when an enterprising man borrowed the idea from a neighbor of producing a frost-resistant tomato by grafting the stalk of tomato plant onto a jimsonweed plant.[33] The graft took because the two plants are closely related, but the tomatoes produced contained high levels of jimsonweed's toxic alkaloid, hyoscyamine. When the man and his family ate the tomatoes, they immediately began experiencing blurred vision, rapid pulse, nausea, vertigo, and hallucinations. They were rushed to a hospital where they were successfully treated. Interestingly, the neighbor who had been producing and eating "jimsonweed tomatoes" since 1958 had never experienced hyoscyamine poisoning because he always carefully pruned the plant of its jimsonweed branches to enable growth in the tomato plant.

Most of the medicinal plants in Appendix B were used by regular physicians in the nineteenth century, often for the same purposes, illustrating the profound influence of official medicine on folk medicine.[34] The diffusion of botanical knowledge, however, was not unidirectional. Willow (the source of aspirin), cinchona (the source of quinine), and foxglove (the source of digitalis) are some of the better-known examples of folk medicine's contribution to official medicine. Several plants on the list have an extensive documented history of use in European folk medicine, as indicated by their mention in tenth-century Anglo-Saxon manuscripts and several English herbals published in the sixteenth century, such as John Gerard's popular *The Herball or Generall Historie of Plantes*.[35]

It may come as a surprise to some that Southern Appalachians used cultigens like apple, corn, cabbage, onion, peach, potato, pumpkin, sorghum, tobacco, and watermelon as much as, if not more than, herbs for many illnesses. The juice, silk, kernels, and shucks of corn, for example, were used for a variety of illnesses. More important, corn was used to make sour mash whiskey, a key ingredient in tinctures, toddies, and other remedies as well as a remedy itself. Southern Appalachia's enduring reputation for the production of illicit whiskey (moonshine), which has

declined considerably in recent years, conceals the fact that in the past many Southern Appalachians valued whiskey as much for medicinal as recreational use. From the apple they obtained apple cider vinegar, one of the region's major panaceas. The peach tree was justifiably described by herbalist Tommie Bass of northern Alabama as "a drugstore on its own" in recognition of its many medicinal uses.[36] The onion was used in many home remedies, especially for cold, flu, cough, and pneumonia, and was thought to possess properties to ward off or absorb diseases.

Without doubt, however, the great panacea of Southern Appalachia was turpentine. As noted in Chapter 4, turpentine was used topically or internally for the treatment of worms, cough, cold, croup, flu, catarrh, toothache, pneumonia, fever blister, diphtheria, head lice, scald head, sore throat, bold hives, headache, shingles, hoarseness, chest congestion, cuts, colic, insect bites and stings, poison ivy, worms, snakebite, muscle aches, and sprains.

Botanical Preparations

Southern Appalachians often used the term "tea" in reference to what is otherwise known as a decoction, a plant extract prepared by boiling parts of a plant (leaves, bark, roots, blossoms, twigs, or seeds) in water. The boiling process, in the parlance of Southern Appalachia, served to "draw the strength out of a plant." Normally decoctions were ingested, but sometimes they were used topically or administered as enemas.[37] The term "tea" was also used in its more commonly understood meaning as an infusion, made by placing parts of a plant in a container, pouring boiling water over them, and then steeping for a few minutes. Cold infusions, though not used as much as hot, were prepared by soaking parts of a plant in tepid water.

Tonics known as "blood toners" or "blood builders" were used mainly in the spring to restore vital properties to the blood. One of the most popular was sulfur and molasses. "Blood purifiers" or "blood thinners" were also used in the spring and during episodes of sickness to clean the blood and organs of toxic waste, or what Southern Appalachians termed "pizins" (poisons). Combinations of bitter tasting plants like goldenseal, dandelion, and boneset were used to make a "bitters," which was thought good for promoting digestion, increasing appetite, and cleaning blood. Some plants (sassafras and elder, for example) were used both as blood toners and

cleaners. Most every family kept a tonic on hand for whenever someone felt “puny” (sluggish, weak). A single plant (such as sarsaparilla or sassafras) could serve as a tonic, but often several plants were used. Plant combinations varied considerably, illustrating desired multiple effects, experimentation, or perhaps substitution for plants not available. To give but one example, a tonic from southeastern Kentucky was made from white pine bark, yellow dock, sarsaparilla, goldenseal root, mayapple root, apple tree bark, poplar bark, sassafras bark, bear paw root, peppermint leaves, and mullein leaves.[38]

Tinctures and wines were made in the home. One of the more popular tinctures in Southern Appalachia, used for the treatment of rheumatism, was made by placing poke berries in a jar and then filling the jar with whiskey. Two of the more popular wines in the region were made from elderberry and blackberry and were used, respectively, as a blood builder and an antidiarrheal.

Some medicinal plants were administered as a powder through a technique known as “quilling.” For sore throat, goldenseal root was dried and ground into a powder by stone or in a coffee mill. The powder was placed in one end of a goose quill, reed, or tube of rolled paper and then blown to the back of the throat. For catarrh, bloodroot root powder was sniffed up the nose. To induce labor, some granny midwives held a pallet of tobacco snuff or black or red pepper under the mother’s nose that when sniffed caused her to sneeze. This was known as “snuffing the mother.”

Pills were made by mixing together a plant powder, flour, and water (or other liquid) to form a dough. A pinch of dough was removed, rolled into a pill, set aside to dry, and then stored for future use. Goldenseal root, for example, was administered this way for an upset stomach. A rolled ball of pine resin was used for colds, coughs, and indigestion.

A regrettable aspect of most folk medicine sources is that they provide scant information on dosage amount and intake regimen. When intake regimen is mentioned, it often is connected to the magical number three or its multiple, nine. One all too frequently encounters vague statements like “poke root is good for arthritis” or “for malaria use calomel, senna tea and salts.” In the past, Southern Appalachians used expressions like “a potent” or “a right smart amount” to indicate a relatively large amount and “a span,” as in “a span of red pepper,” to mean a pinch.

Sources of Botanical Knowledge

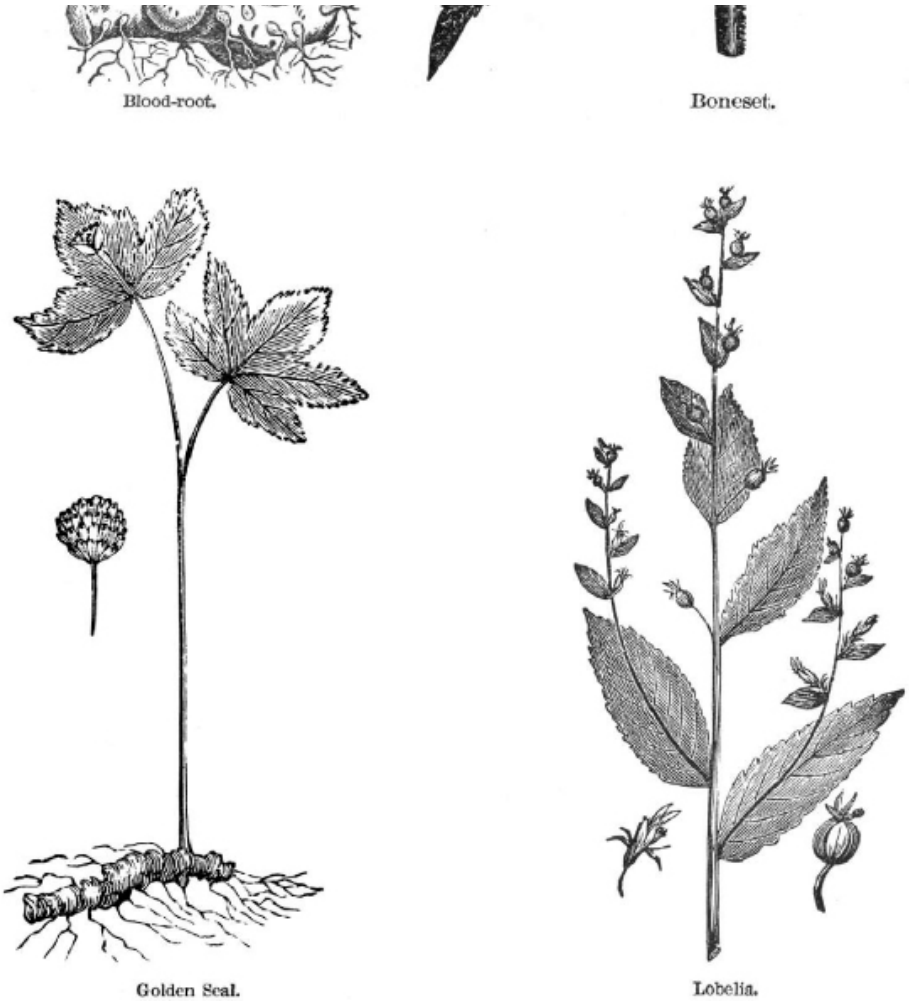
Medicinal plants like sassafras, lobelia, Virginia snakeroot, cascara, tobacco, boneset, coca, jimsonweed, bloodroot, sarsaparilla, horsemint, may-apple, slippery elm, goldenseal, witch hazel, maize, pumpkin, and potato have clear Native American origins and were extensively used by eighteenth-and nineteenth-century physicians and laypeople.[39] It should be kept in mind, however, that the Europeans brought a number of medicinal plants with them from the Old World, many of which became quickly naturalized or cultivated throughout North America, including alfalfa, apple, burdock, catnip, cocklebur, coltsfoot, red clover, blackberry, horehound, dandelion, elder, ginger, ground ivy, chamomile, mullein, parsley, spearmint, peach, peppermint, feverfew, balm of Gilead, comfrey, horseradish, shepherd's purse, lemon balm, tansy, chickweed, wormwood, valerian, St. Johnswort, Queen Anne's lace, yarrow, and plantain. The historical record also shows that European settlers depended on indigenous plants closely related to species in the Old World, such as onion, ramps, wild garlic, wild ginger, pennyroyal, willow, red oak, walnut, ratsbane, and calamus. Introduction to these plants by Native Americans would not have been necessary.

Often lost in discussions about the Native American contribution to Euro-American official and folk medicine is the fact that many Old World plants were adopted by Native Americans. Anthropologist Virgil Vogel documents, for example, Native American use of mullein, catnip, tansy, balm of Gilead, burdock, and yarrow.[40] These and several other Old World plants were adopted by the Cherokee and no doubt other indigenous peoples in North America.[41]

Many of the medicinal plants used by Native Americans were for illnesses thought to be caused by spiritual pollution, soul loss, spirit attack, witchcraft, sorcery, and breach of taboo. While the European settlers certainly possessed concepts of magical medicine, their use of botanicals was oriented more toward naturalistic theories of illness causation based on miasmatic and humoral concepts. Furthermore, many of the plants used by Native Americans were administered in ways contrary to Euro-American folk and official medicine. For example, many plant decoctions and

infusions used by the Cherokee were not ingested but rather were blown on a patient with a pipe at a distance of three to four feet.[42]

It was not until around the 1830s, after the subjugation of Native American peoples in the eastern United States and the manifestation of a strong public reaction against the “heroic” therapy of official medicine, that Euro-Americans began to seriously consider the potential value of Native American botanical medicine. People were looking for alternatives to the debilitating and sometimes fatal therapeutics of bleeding, purging, blistering, and puking employed by regular physicians.[43] The early nineteenth century marks the beginning of the mystification of Native American medicine that continues to this day. Numerous so-called Indian doctors appeared at this time. More often than not, these individuals were not Native Americans but white men who claimed, often falsely, to have lived intimately with Native Americans and thereby acquired knowledge of their secret and highly effective botanical remedies.[44] The mystification of Native American botanical medicine reached its peak in the late 1800s and early 1900s, when patent medicine companies sold tonics and elixirs ostensibly based on secret Native American formulas. In most cases, the tonics and elixirs contained high concentrations of alcohol or opium and botanical ingredients of questionable efficacy.



Plant illustrations from Dr. R. V. Pierce's *The People's Common Sense Medical Adviser*, 1895.

While knowledge of medicinal plants was passed orally from one generation to the next, many families also consulted domestic medicine books like Gunn's *Domestic Medicine*, herb dealer catalogs, almanacs, and other printed material.[45]

Animal Substances

Substances obtained from wild and domesticated animals were well represented in the folk materia medica of Southern Appalachia. Various animal fats were used alone or in combination with other materials for salves and poultices, and some were ingested. Southern Appalachians learned about the medicinal properties of bear, rattlesnake, and polecat (skunk) fat from the Native Americans, but the fat of domesticated animals

was used more often simply because it was more readily available. Sources suggest that sheep tallow was preferred over other animal fats for skin problems like chapped hands, chafing, chapped lips, and dry skin, but hog fat was also used for these and other disorders. One kind of hog fat was considered especially good for chest congestion, as described by a resident of western North Carolina: “There was some kind of oil, some kind of a part of a hog, a ‘he’ hog, that they would always save. They’d cut this out, you know, somewhere about the hog’s stomach and they’d always hang that piece on a limb in a tree. Well, they learned from the real old people that the fat from this part would break up croup. So, my mother would get that and render it down and put it in a jar and seal it up real tight. And when we got sick with a real bad chest cold or croup like choking to death she would give us some of that and it would loosen up, you know, and we’d get well right away.”[46] Other materia medica obtained from the hog included hooves, meat, and skull bones. The dung, milk, butter, cream, gall, and urine of the cow were commonly used. Other animal substances relied on, amply illustrated in Chapter 4, included chicken, cat, and bessy bug blood, spider and spider web, Spanish fly, sow bug, dog saliva, wooly worm, red worm, squirrel meat, polecat spray, bezoar, mole’s foot, chicken and goose feathers, frog, bee, leech, rabbit brain, mare’s milk, chicken gizzard, sheep dung, snail, and minnow. The urine, breast milk, saliva, blood, hair, and earwax of humans was also extensively used.

Commercial Medicines

Included within the category of commercial medicines are mineral substances purchased at stores or by mail. Some were marketed as medicines, but some were not. These included alum (aluminum potassium sulfate), Epsom salts (magnesium sulfate), salt, soda, sulfur, lime, amber beads, axle grease, kerosene (coal oil), copper wire, borax, gunpowder, carbolic acid (phenol), calomel (mercurous chloride), coal, camphor, copperas (ferrous sulfate), nails, blue mass (a metallic mercury preparation), and iodine. Metals like silver, copper, brass, gold, iron, and lead figured prominently in magical and natural cures that have their origins in English, German, Irish, Scottish, and Scots-Irish folk medicine.

In the past, sulfur was called brimstone, and it was used in Southern Appalachia as it was in Europe to both prevent and treat disease. People

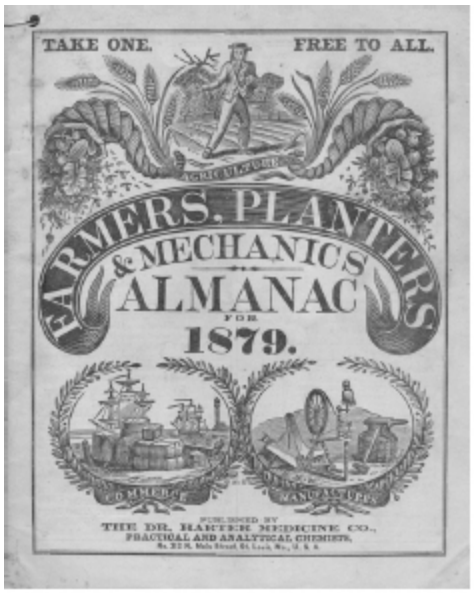
wore sulfur in their shoes and burned it in their houses during epidemics to prevent the spread of disease. A resident of Greene County, Tennessee, told the author in 2001 that his farming family relocated several times when he was growing up in the 1930s and that his parents always burned sulfur in a house before moving in as a disinfectant measure. Sulfur was also eaten to strengthen the blood. In the 1890s the polluted air emitted from the sulfurettes in the manufacture of sulfuric acid in Polk County, Tennessee, was deemed a healthy condition by county leaders despite the considerable amount of particulate matter it contained. The county clerk of Polk County, for example, wrote: "The climate is salubrious and the sulfur smoke at Hiwassee [now Ducktown], Isabella and other adjacent points, caused by reducing sulfurettes, is very conducive to health, and adds much to the healthfulness of the county."[47]

Other popular "store bought" medicines were asafetida, sweet oil (olive oil), turpentine, paregoric, castor oil, quinine, raw gum opium, laudanum, camphor, and Spanish fly. Asafetida, a gum made from the roots of several plants from the Near East, was commonly sold in small plugs about the size of a quarter. Some members of Southern Appalachia's older generation today have vivid childhood memories of the noxious odor of asafetida, which their parents made them wear in pouches strung around their necks in the winter to prevent catching a cold, flu, and childhood diseases. They also remember the doses of the purgative castor oil they had to take every spring "to clean the blood." Paregoric (camphorated tincture of opium), which was available over the counter until the late 1950s, was used primarily for colic in babies and diarrhea. Another opium tincture, laudanum, is rarely mentioned in the sources consulted for this study, but one folklorist reports that "there were many drug addicts in those 'good old days'" in the Mammoth Cave area of Kentucky.[48] Spanish fly, a powder made not from a fly but a beetle (*Cantharis vesicatoria*), was used mainly as a blistering agent. There is no mention in the sources consulted of the use of Spanish fly as an aphrodisiac, as indicated in recent urban legends.

Some noncommercial materia medica worth mentioning included both lump and pulverized coal (known in southwestern Virginia as "bug dust"), anvil dust (iron particles), soot, wood ashes, pulverized dust from a dirt dauber's nest, clay, dynamited limestone, and flint stones.

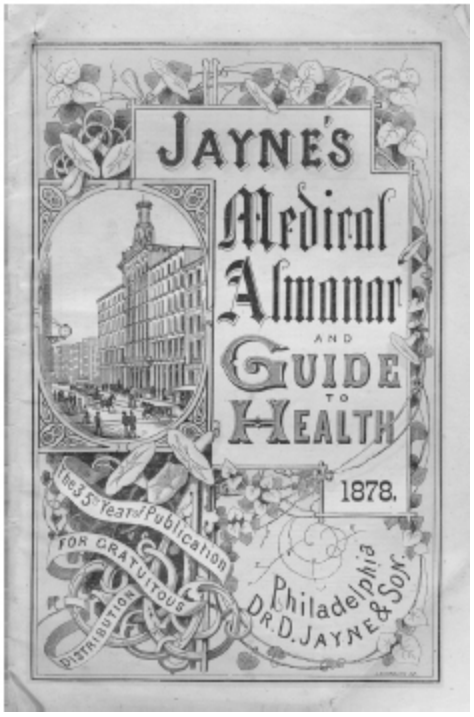
After the Civil War, improvements in the nation's railway system, lower postal rates, and an expanded daily press contributed to an explosive

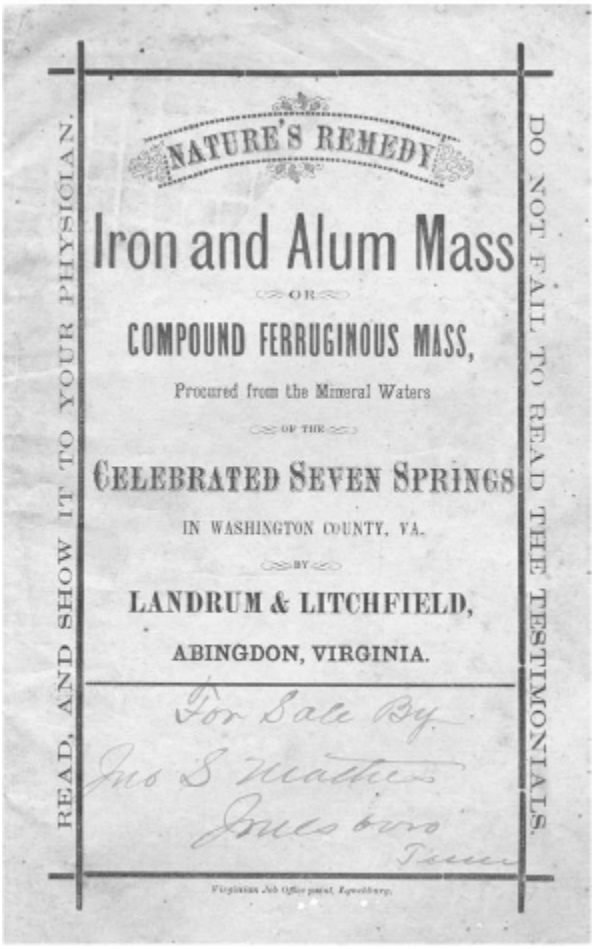
growth of the proprietary medicine market in America.[49] An examination of late-nineteenth-century proprietary medicine almanacs distributed by general stores, druggists, and company agents in Jonesborough, Johnson City, and Bristol, Tennessee, shows that Southern Appalachians had access to the same proprietary medicines available to the rest of the nation.[50] The most common patent medicines were those marketed as tonics and blood purifiers and promoted as "cure-alls," such as Dr. McClean's Strengthening Cordial and Blood Purifier, Plantation Bitters, Dr. Morse's Indian Root Pills (based on a formula "obtained from Red Men"), Rosadalis Blood Purifier, Our Native Herbs, Volina Cordial, Dr. Bell's Pine-Tar-Honey, and Dr. Kilmer's Swamp Root. Several medicines for the bowels and/or liver were available, including Dr. Hul-Cee's Bowel and Liver Regulator,Fletcher's Castoria, Peruna, Dr. Simmons' Liver Regulator, Dr. Thacher's Liver and Blood Syrup, Dr. Jayne's Sanative Pills, Dr. Taylor's Family Cordial, and Thedford's Black Draught. For nervous disorders there was Dr. Miles' Nervine. Kodol was good for indigestion, described in its almanac as "a national disease." Kodol was promoted as an effective treatment for "indigestion, dyspepsia, tired stomach, puffed stomach, sour stomach, nervous stomach, and catarrh of the stomach." Some of the liniments available were Merchant's Gargling Oil, Mrs. Winslow's Household Panacea and Liniment, Barker's Nerve and Bone Liniment, Jayne's Liniment, and Mexican Mustang Liniment.


TAKE ONE. FREE TO ALL.
FARMERS, PLANTERS
& MECHANICS
ALMANAC
FOR
1879.
PUBLISHED BY
THE DR. HARTER MEDICINE CO.,
PRACTICAL AND ANALYTICAL CHEMISTS,

DR. HALL'S PINE TAR HONEY
GOOD OLD
GRANNY METCALFE'S
HOUSEHOLD
HELPS
FOR
1903

KODOL ALMANAC
200 YEAR CAL-ENDAR
The day of the week upon which any event occurs for 200 years 1776-1976
1908 Weather Indications Published by E.C. De Witt & Co. Chicago, U.S.A.


JAYNE'S
Medical Almanac
AND
GUIDE TO HEALTH
1878.
the 35th Year of Publication
FOR GRATUITOUS DISTRIBUTION
Philadelphia
DR. D. JAYNE & SON.



Patent medicine almanacs and advertisements. (John A. Jones Collection, Archives of Appalachia, East Tennessee State University)

All of the patent medicines mentioned above were manufactured in St. Louis, Philadelphia, New York, or Baltimore. There were, however, patent medicine companies in Southern Appalachia. One that enjoyed considerable success was the Chattanooga Medicine Company, established around 1870 by two Union Army veterans. The firm's reputation was built upon two medicines that became well known throughout the southeastern United States: Wine of Cardui for "female complaints," and Black Draught, a laxative.[51] The East Tennessee Medicine Company in Jonesborough, Tennessee, operated from 1890 to 1924.[52] The company was founded by a physician, Marie Panhorst, who had received his medical training in Amsterdam. His company produced and sold a cough syrup and an indigestion aid, the latter of which was based on a formula that had been passed down the generations in his family. According to advertisements,

Pan-horst's Indigestion Powder was marketed for "tired stomach, sour stomach, gas on the stomach, sick headache," and in the spirit of the time it would also "regulate bowels if used as directed." In the 1870s Landrum and Litchfield Company in Abingdon, Virginia, produced Seven Springs Iron and Alum Mass, a residue compound produced by the evaporation of water obtained locally from seven springs, each of which contained different minerals (such as sulfur or iron salts). The compound was marketed as a tonic and restorative and was distributed throughout the southeastern United States. [53] Also during this time, Andrews Manufacturing Company in Bristol, Tennessee, produced several medicines, including St. Andrew's Wine of Life Root, for "female complaints"; St. Andrew's Sarsaparilla, a blood tonic and purifier; and St. Andrew's Cold Tea for the Liver.[54]

The J. R. Watkins Medical Company, founded in 1868 in Winona, Minnesota, and the W. T. Rawleigh Company, founded in 1889 in Freeport, Illinois, enjoyed great success in selling their medicines in Southern Appalachia. Of the two, Watkins was the most successful. Both companies tapped America's burgeoning entrepreneurial spirit. These companies offered men, and later women, the opportunity to have their own business by becoming local sales representatives. For many, it was a way to escape farming life and become prosperous. A 1916 issue of the Watkins Almanac has a picture of a man in hat and overalls standing behind a horse-drawn plow. His head is turned toward a Watkins truck rolling down a road in the distance. Beneath the picture is the caption "I wish I were a Watkins Man." The company's recruitment efforts were successful, for in 1911 it had over 2,500 sales representatives across the nation. Sales representatives not only operated in towns and cities but also served the remote rural communities on horseback. Families in the rural communities often provided food and lodging for the "Watkins man."

Watkins almanacs were a significant source of information on medical self-care. The 1916 almanac, for example, contains information on several chronic and acute diseases and tells how the Watkins line of medicines was to be used for each. Some of the diseases, such as diphtheria, malaria, scrofula, cholera, and dysentery, are no longer common in the United States. Though consumers were encouraged to seek the assistance of a physician for these and other health problems, Watkins products were nevertheless promoted as amelioratives and panaceas. The 1916 almanac's instructions for the use of some medicines demonstrates the considerable

influence of both official medicine and the popular health reform movements of the nineteenth century. This influence is particularly evident in the almanac's emphasis on the regular cleaning of blood and bowels to cure and prevent disease. Watkins Blood and Skin Purifier, for example, was recommended as a curative or preventative for influenza, catarrh, headache, boils, acne, blackheads, "change of life" (menopause), languor, and diarrhea because these disorders were all thought to be caused or complicated by defiled or weak blood. Lax-Tone, a laxative, was recommended for some of the same problems and other complaints because they were believed to be symptomatic of the accumulation of poisonous substances in the bowels. Watkins Red Liniment, one of the company's best sellers, was recommended for topical use in the treatment of sprains, muscle aches, caked breasts, insect bites and stings, snakebite, and rheumatism. It was also recommended as a cold or hot infusion for measles, colic, cholera, and diarrhea and was used accordingly by Southern Appalachians.[55] (According to a 1999 catalog, Red Liniment is no longer recommended for ingestion.) Red Liniment and other popular Watkins medicines (including Petro-Carbo Salve, Methol Camphor Ointment, and Laxative Pine Tar Balsam) are still sold in some drugstores in Southern Appalachia.

A recent study on the use of folk medicine in a rural community in southwestern Virginia found that by the 1920s commercial medicines had displaced much of the folk materia medica in most households.[56] Some examples of displacement are presented in Table 1.

Another commercial product representative of the tonic tradition in America, and more specifically Southern Appalachia, is Dr. Enuf, a soft drink marketed today as "the original energy booster." Described by a writer in *Beverage World* magazine as "the granddaddy of all neutraceuticals,"[57] Dr. Enuf was created in the 1940s by a Chicago chemist, Bill Swartz, who was looking for a way to provide a quick energy boost for the working man. He placed an ad in *Bottler's Gazette* (now *Beverage World*) soliciting interest from bottlers to market his beverage. The owner of Tri-City Beverage in Johnson City, Tennessee, Charles Gordon, met with Swartz and subsequently acquired rights to production. The lemon-lime soft drink was introduced in 1949.[58]

TABLE 1. Traditional Medicines Displaced by Commercial Medicines in Hiltons, Virginia

Illness	Traditional Medicine	Commercial Medicine
Burn	Potato slice/scrapings	Cloverine Salve
Constipation	Mayapple, Epsom salts	Black Draught
Cough	Cherry bark, mullein	Troutman's Cough Syrup
Diarrhea	Blackberry	Pepto Bismol
Heat rash	Parched flour, cornstarch	Gold Bond Powder
Kidney disorders	Corn silk, dandelion	Doan's Pills
Liver disorders	Ratsbane	Carter's Little Liver Pills
Low blood	Sulfur and molasses	Geritol, Hadacol
Muscle ache	Turpentine and hog fat	Watkins Red Liniment,Sloan's Liniment
Upset stomach	Goldenseal, calamus, peppermint	Pepto Bismol, Rolaids
Worms	Pumpkin seed	Fry's Worm Medicine

The formula for Dr. Enuf justifies its claim as an energy booster. The beverage is enriched with potassium iodide, niacin, and thiamine. A 12.6-ounce bottle contains 260 percent of the recommended daily allowance of niacin, 120 percent of the recommended allowance of potassium iodide, and 90 percent of the recommended amount of thiamine. Dr. Enuf's immediate energy boost, however, comes from caffeine and refined sugar. A bottle contains seventy-two milligrams of caffeine, roughly equivalent to that in an eight-ounce cup of coffee, and forty-seven grams of pure cane sugar.[59]

At one time in the 1950s, Dr. Enuf was sold by twelve distributors in the southeastern United States, including major cities such as New Orleans and St. Louis. Today Tri-City Beverage is the sole distributor, and its market includes 200 counties in Tennessee, Virginia, West Virginia, North Carolina, Kentucky, and Florida.[60] Its primary market, however, is east Tennessee, western North Carolina, and southwestern Virginia, where it has become a cultural icon. Some people consume it daily as part of their health maintenance regimen. Over the years, the company has received numerous testimonials about Dr. Enuf's curing a variety of health problems, as well as promoting "better relations with the opposite sex."[61]

CHAPTER 4

Folk Treatments

This chapter examines the application of the folk medical belief system of Southern Appalachia through the treatment modalities used to cope with a variety of health problems. In preparing the descriptions of the interventions used, an effort was made to identify a corpus of folk medical knowledge widely shared among inhabitants throughout the region over a relatively long span of time, from roughly the 1870s to the 1940s. It must be said, however, that this task amounted to nothing more than the overly simplistic procedure of including interventions and related beliefs mentioned in multiple sources representing two or more different locales. Since the sources depended upon were not in most cases premised on systematic survey procedures, a reliable assessment of what was and was not a commonly shared belief or intervention cannot be made.

Sources reveal significant variation not only in the treatment modalities used (magico-religious or naturalistic) for the same health problem, but also in the treatments and materia medica employed. In the past there may well have been distinctive family, community, and subregional folk medical traditions, though their extent may never be known. In another sense, alluded to earlier, variation in treatment modalities and materia medica shows that Southern Appalachians were not hobbled by tradition during episodes of sickness but rather were adaptive and, either by choice or circumstance, experimental, ever in search of a cure or a better cure. Some treatments and materia medica may have been more widely known and used, but lack of multiple reports in sources falsely remands them to the categories of rare or idiosyncratic. Since future research may establish these treatments as in fact more common, some are included in the treatment descriptions.

Paucity of information can result in erroneous conclusions about the prevalence of some health problems. For example, there is surprisingly little information on the treatment of broken bones, even though one can reasonably assume that this was a relatively common and potentially serious problem for those working on a farm and in the timber and mining industries. Pellagra was present in some of the poorer communities, but not much is known about how people defined and treated it. Sources do not offer much from a folk medical perspective about the treatment of some of the serious diseases that adversely affected mortality in the past, such as scarlet fever, diphtheria, and whooping cough. It is not surprising, in view of an abiding reluctance among Southern Appalachians to talk openly about things of a sexual nature, that there is scant information on sexually transmitted diseases and sexual disorders. Older sources, for example, are virtually silent on a sexual disorder known as "white liver," which is discussed later in this chapter, but recent research indicates that it was relatively well known in the past and that some people continue to believe in it today.

Folk medical terminology presents another problem. For example, the term "sore eyes" was used in reference to both pinkeye and trachoma. The term "scald head," according to some domestic medicine books, referred to favus (a fungus disease of the scalp), but it is possible that the disease labeled as such was dermatitis seborrheica. "Scald head" did not, as indicated in one source, refer to a severe scalp burn.[1] The old official medical term "phthisic" meant tuberculosis, but for most Southern Appalachians it meant asthma. Some illness terms in sources are unclear, such as "break-bone fever" and "mountain fever." The term "breakbone fever" may have referred to the severe chills and fever symptoms of malaria. Sources offer no clues as to the meaning of "mountain fever." Southern Appalachians possessed a rich vocabulary to identify and describe illness. Folk and old official medical terms are defined in the text, but a glossary is provided for quick reference.

Southern Appalachians had the option of using naturalistic or magico-religious interventions for most health problems. Unfortunately, sources provide no information on the context of use of these two intervention approaches, that is, whether they were used hierarchically or simultaneously during episodes of illness, and whether this hierarchy of use varied according to type of illness. Thus, it is not possible to determine if

Southern Appalachians, or some subset of the population, tended to rely on one intervention approach more than the other, either in general or for specific illnesses. Though magico-religious remedies have been reported for almost all health problems, sources suggest that they were used more for some problems, such as severe burns, uncontrollable bleeding, thrush, and warts, than for others.

Viewed from the perspective of modern official medicine, some of the interventions used by Southern Appalachians to treat illness appear strange and irrational, and in some cases downright bizarre. If considered, however, in the context of the basic tenets of the region's folk medical belief system presented in Chapter 2, most are imminently logical and rational. As medical folklorist David Hufford observes, to say that folk medicine is rational and logical is not to say it is "correct" or "true," but that the process of deductive reasoning is coherently linked to the basic tenets of belief about the cause of illness.[2] Nevertheless, one strains to discern the logic of some folk remedies, such as drawing a hog's pancreas through the mouth to cure stuttering or rubbing an ingrown toenail with a turkey's eye.

A question that frequently arises in public discussions about folk medicine and other alternative health belief systems is "Does it work?" The answer is an equivocal "Yes, no, and maybe." As for the naturalistic aspect, considerable scientific evidence exists in support of the effectiveness of some of the folk materia medica, particularly medicinal plants, used by Southern Appalachians. It must be emphasized, however, that the effectiveness of many of the botanicals and other medicinal substances used in folk remedies, and other folk medical beliefs and practices as well, has not been adequately investigated.[3]

The efficacy question is critical with respect to assessing the validity of one of the central tenets of Southern Appalachian folk medicine, upon which so many interventions were based: that most illness is caused by the accumulation of poisonous waste matter in the blood and bowels. Official medicine rejects this proposition as false, along with the related belief that toxic substances can be removed from the body through purging, sweating, puking, cupping, and blistering. In fact, some of these interventions, which, it will be recalled, were also used by respectable physicians in the nineteenth century, caused far more harm than good. It is clear, however, that Southern Appalachians possessed valid empirical knowledge of what

materia medica to use to sweat, puke, and purge a sick person, even though their theory of illness causation is spurious.

The facile dismissal of magico-religious beliefs and practices by official medicine demonstrates its persistent refusal to recognize and explore the complex relationship between mind and body.[4] Yet an impressive body of scientific data has accumulated over the years demonstrating that beliefs, no matter how scientifically untenable they may be, can both heal and kill.[5] As the old wart doctors used to say about their magical cures, “It only works for those who truly believe.”

Occasional commentary on the efficacy of selected folk medical beliefs and practices, particularly the use of medicinal plants, is presented in the treatment descriptions.[6] Science is an ever-evolving process of discovery, however; what is valid knowledge today may be found false tomorrow. This is as true for official medicine as folk medicine. The commentary on the efficacy of folk medical beliefs and practices should be considered within the context of this disclaimer.

Since the temporal orientation is the 1870s to the 1940s, the following description of the interventions used in Southern Appalachia for specific health problems is presented in the past tense. This is not to say that everyone throughout the region ceased using folk medicine in the 1940s. As noted in the text, some of the folk medical beliefs and practices are evident today, and new ones have emerged. Presentation in the past tense, however, is intended to convey to the reader that the knowledge and use of folk medicine in Southern Appalachia has declined significantly. Continuity and change in the folk medical belief system is discussed in more detail in Chapters 5 and 6.

Respiratory System

ASTHMA

The old official medical term “phthisic” referred to tuberculosis, but in Southern Appalachia it was also used in reference to asthma. A common treatment noted in sources was one favored by nineteenth-century physicians: smoking the leaves of jimsonweed.[7] Rabbit tobacco and mullein leaves, however, were also widely used.[8] The dried leaves of these plants were usually smoked in a pipe or a “cigarette,” but sometimes the leaves

were crumbled and set afire in a pan or saucer for the asthma sufferer to inhale. Others found relief by sleeping on a pillow stuffed with rabbit tobacco or pine needles, drinking teas of wild plum bark, elder leaves, or comfrey leaves, or ingesting a ball of spider webs or three live minnows.[9]

Beginning sometime in the 1950s, some parents kept a small dog in the house, usually a chihuahua, in the belief that their child's asthma would be transferred to the dog.[10] As noted by Carol Ann Rinzler, this belief is based on putting two observations together and coming to the wrong conclusion.[11] First, childhood asthma often diminishes in severity or disappears altogether as a child matures. Second, small dogs like chihuahuas have small tracheas that frequently collapse as they grow older, causing difficulty in breathing. Thus, one comes to the erroneous conclusion that the child's asthma has been transferred to the dog.

The maturation factor also lent credibility to the magical technique of "measuring," once commonly used throughout Southern Appalachia to treat asthma and other illnesses.[12] The technique often involved placing a child against a tree, usually a sourwood or oak, and drilling a hole just above the child's head. A lock of the child's hair was placed in the hole and the hole then plugged. A common variation of this technique involved cutting a stick (again, sourwood was usually selected) the length of the child and then placing the stick in an attic or up a chimney. According to tradition, the child was not to see or touch the stick, or the cure would not work. As the child outgrew the height of the plug in the tree or the length of the stick, he or she would outgrow the asthma. With regard to the plugging technique, it was believed that the child had a special affinity with the tree plugged since the essence of the child was transferred to it through the plug of hair. If the tree sickened or died, so would the child, and vice versa.

COLD

The extensive variety of plants used in teas for a cold, some of which are reported only once in sources, suggests that from a humoral perspective almost any hot infusion served the purpose of altering the cold state of the body. [13] Boneset and mullein, however, appear to have been the plants of choice for treating a severe "chest cold."[14] Boneset's well-known diaphoretic effect served well the Southern Appalachian's objective of "sweating a cold out of the body." Boneset's bitter taste, as one informant

expressed it, “will take your breath away.” It also has an emetic effect, which may have been desired as a means of removing phlegm and other “pizins” (poisons). The mucilage in mullein leaves was good for treating the throat irritation and cough sometimes associated with a cold.

The onion was used in a variety of cold remedies.[15] Eating onions raw, ingesting the juice squeezed from a roasted onion, or drinking a glass of milk with a slice of onion in it were common remedies. The onion’s primary use, however, was as a poultice. Onions were sliced and fried in a skillet with hog grease. After sufficient frying time, cornmeal was added to bind the onions together and retain the heat. The poultice was then slipped out of the pan directly onto the chest after it had cooled a bit. To avoid blistering the skin, some people made a poultice pouch by sewing together two square pieces of flannel on three sides, leaving an opening for inserting the onion and cornmeal mix. Others, however, thought blistering the body was efficacious since the primary purpose of the onion poultice was to complement the various teas in “burning” morbific matter out of the body.

Many relied on the toddy for a cold, a remedy still widely used today.[16] Whiskey was the nonvariant ingredient, in combination with honey, lemon, or rock candy. Instead of chicken soup, Southern Appalachians resorted to squirrel broth, stew, or soup for its soothing and restorative effects. Some thought a tea made with hog hooves had the same effect. A mixture of turpentine (or kerosene) and lard was a good chest salve for breaking up congestion, as was the highly valued polecat oil.[17] Vicks Salve became a popular substitute for these treatments after it was introduced in the early 1900s. Children wore a pouch of foul-smelling asafetida around their necks to ward off a cold and other diseases.[18] This method may have worked, but only in the sense of repelling people carrying a virus.

Southern Appalachians followed the adage “feed a cold, starve a fever.” Medical anthropologist Cecil Helman maintains that this belief, common in the United States and the United Kingdom today, is derived from the humoral concept of providing food for the body to generate heat to contravene the cold and dampness that has penetrated the body.[19] In contrast, Irish folk medicine maintains that one should “feed a fever and starve a cold.”[20]

COUGH

Wild cherry bark is the most frequently mentioned ingredient in the many formulas reported for cough syrup. [21] The bark was placed in a kettle, covered with water, boiled, and then strained. After straining, honey and/or sugar were added as sweeteners along with other plants, frequently mullein leaves, but often ratsbane and rabbit tobacco leaves. The solution was then boiled down into a thick ooze and stored in a jar. Cherry bark's astringent and expectorant properties do aid in soothing a sore throat and expelling mucous. As noted in the section on cold, mullein is also a good mucilage. Other common cough relief remedies were mullein and pine tar; honey and vinegar; onion and sugar; three drops of turpentine on a spoon of sugar; pine top (bud) tea with honey; onion juice; and a sip of Watkins Red Liniment.[22] The cough syrup recipe provided by a resident of Beech Mountain, North Carolina, is not reported in other sources but is offered as an example of experimentation: "Just get spearmint and wash it good and clean and then layer it [in a jar]. Just cut it up and then put a layer of brown sugar and then spearmint until you get a jar full or whatever you put in it. And then let it rise. It's the best stuff for a cough that ever was."[23]

INFLUENZA

The therapeutic regimen for influenza, also known as "grippe," was similar to that for a severe cold in terms of treating inflammation and congestion of the respiratory tract. The primary therapeutic locus for influenza, however, was fever. As for a cold, the central objective was to "burn" (sweat) the fever out of the body. This was achieved through administering a variety of hot teas, many of which were powerful diaphoretics like boneset, horsemint, and mustard seed,[24] often in combination with other interventions such as onion poultices and "jackets" (poultices on the chest and back), rubbing onion juice on the soles of the feet, placing warm bricks in the bed, blistering the chest and back with mustard seed plasters, drinking cayenne pepper tea, and covering the body with several blankets.[25] Some people hung onions on the wall and scattered onion skins on the floor in the belief that onion absorbs a fever.[26] Two other cures are worth noting, though only single reports exist for each. In eastern Tennessee, a piece of yarn saturated with "maid's water" (urine from a virgin) was tied around the waist of the sick person before the next chill set in.[27] In southwestern

Virginia, a cat was killed and skinned and the cat's skin then placed on the chest of the sufferer.[28]

When an influenza outbreak hit a community, preventative measures were taken. These included putting a spoonful of sulfur in the shoes, eating onions, eating a spoonful of brown sugar with a drop of turpentine every morning, and (for a child) sprinkling the top of the head with a solution of castor oil and turpentine. A pan of water, sometimes with a few drops of turpentine in it, was placed under the bed of the sufferer to "drive away the fever."[29] If these measures failed, some residents assumed a stoical approach when they came down with the flu, as indicated in the flippant comment of one North Carolinian who said: "To cure grippe, hang your hat on the bedpost and drink whiskey until you see two hats."[30]

PNEUMONIA

According to linguistic research done by Joseph Hall in the 1930s in eastern Tennessee and western North Carolina, pneumonia was commonly referred to as "pneumonie fever" and "lung fever."[31] Treatments for pneumonia were virtually the same as for flu and cold (e.g., hot infusions, poultices, and blistering with plasters and cupping), which served the purpose of "burning" the fever out of the body.[32] Sources indicate that cupping, a technique widely used by physicians in the eighteenth and much of the nineteenth centuries to remove morbific matter, was still used in many homes the early 1900s.[33] Joseph Clark's list of remedies contains the following cupping description: "For pneumonia, use one-third teacup of turpentine and set a fire on the cup, then invert it over the affected side of the patient to form a blister. This cupping practice was common in the hills (of North Carolina) as late as the 1880s."[34]

The therapeutic regimen for sweating a fever out of the body may have had the debilitating and perhaps fatal effect of dehydrating the patient. Sources indicate that a transformation in fever therapeutics occurred around the 1920s. Instead of "burning" a fever out of the body, the objective became to cool the body down through the topical application of cold water cloths and rubbing alcohol. A resident of eastern Tennessee said that fever was treated in his family by getting cold rocks from a stream and placing them in the armpits.[35]

SORE THROAT

A decoction made of red oak bark, usually gathered from the north side of the tree, was a popular sore throat gargle. A tea made from the root of goldenseal was also gargled, or the dried root was ground into a fine powder with a mill or grinding stone and “quilled” (blown) into the back of the throat with a reed or goose quill. The effectiveness of goldenseal in treating sore throat is attributed to the antiseptic and astringent properties of its alkaloids. The inner bark of slippery elm, a soothing demulcent, was soaked in water and the solution gargled.[36]

Nonbotanical materia medica used in sore throat remedies included quilling sulfur into the back of the throat, gargling a solution of honey and vinegar (sometimes with alum) or salt water, wrapping a piece of red flannel soaked in turpentine around the neck, rubbing a turpentine and lard salve on the throat, and opening the mouth wide and letting the sun shine on the back of the throat. [37] An odd but well-documented remedy was wrapping a dirty sock around the neck.[38] Exactly why the sock had to be dirty is not known.

Gastrointestinal/Excretory Systems

CONSTIPATION

Delayed evacuation not only caused discomfort but raised considerable concern in the minds of Southern Appalachians over the retention of poisonous substances in the body that could cause illness. Mayapple, a plant introduced by Native Americans, was the botanical of choice for treating constipation. More often than not, the root was used to make a tea. Some people, however, ground the dried roots into a powder and added a few drops of water or castor oil (also a laxative) to make a dough, from which a pinch was taken to roll into pills. Others sprinkled the powder on food. The mayapple fruit, which some find delicious, was also eaten. As a gastrointestinal irritant, mayapple does induce the bowels to move, but it can also produce potentially harmful inflammation.[39]

It appears that mayapple was later supplanted by two popular remedies for constipation that many Southern Appalachians living today remember well, though not fondly: castor oil and Epsom salts. A spoonful of castor oil or a “dose of salts” (a spoonful of Epsom salts in a glass of warm water)

was not only taken for constipation but was also administered in the spring to purge the system of poisons. Castor oil was also rubbed in the armpits and on the buttocks, back, stomach, and navel, presumably in the belief that it would be absorbed by the body. [40]

DIARRHEA

Known as the "summer complaint" or "flux," as well as by a number of less delicate terms (including "the trots," "the squirts," "the runs," "the scours"), diarrhea was treated with a variety of remedies. The blackberry plant was favored above all other botanicals, though red oak bark was also commonly used. Blackberry had been used to treat diarrhea for genera-tions.[41] English herbalist John Gerard recommended its use in his *The Herball or Generall Historie of Plantes*, published in 1597.[42] In Southern Appalachia, ingesting a tea made from the blackberry root or root bark, eating the fruit raw or in the form of a jam, or drinking a wine or brandy made from the fruit were all thought to be good remedies. Because of its astringency, blackberry does have an ameliorative effect on diarrhea. Peach tree root bark or leaf tea was also commonly used. Tradition has it that the bark of the peach tree root must be scraped upward in gathering it, an example of sympathetic magic.[43]

In the event that medicinal plants were not readily available or were ineffective, several other remedies were used: eating a couple of spoons of parched flour (flour slightly burned in a skillet); drinking a cup of black tea, another good astringent; eating cheese; and drinking a glass of water with a few drops of paregoric or Watkins liniment.[44] As noted earlier, paregoric was widely used by physicians to treat diarrhea in the late nineteenth century and well into the twentieth.

HEMORRHOIDS

Southern Appalachians recognized "piles" and "blind piles," dilated veins that extrude outside or remain inside the anal sphincter, respectively. A salve made from oil rendered from balm of Gilead buds and mixed with hog fat or petroleum jelly relieved the aggravating itch. A decoction made from red oak bark or witch hazel leaves helped reduce the swollen vein. Puffball powder (spores) served as a good styptic for bleeding piles. Rubbing a hemorrhoid with mullein leaves or pokeberry juice provided relief, as did sitting on freshly cooked cabbage or mullein leaves.[45] Witch hazel salve

was used by physicians in the nineteenth century,[46] and witch hazel is the primary ingredient in Tucks, an over-the-counter hemorrhoidal treatment still available today.

The most popular nonbotanical remedies were axle grease and a salve made from alum and hog fat or petroleum jelly. For blind piles, an enema of alum water was employed, as was inserting in the anus a bar of soap whittled down to the shape of a pencil and coated with axle grease, hog fat, or petroleum jelly. Sitting in a bath of hot water with alum or Epsom salts added or in a cold stream also provided relief.[47] It was widely believed that carrying a buckeye in the pocket prevented piles.[48]

INDIGESTION

It is likely that many Southern Appalachians were plagued with indigestion, once better known as dyspepsia, and "sour stomach" for two reasons: first, a diet based on the regular consumption of food fried in pork fat, and second, the poor condition of their teeth. As discussed below in the section on dental care, many Southern Appalachians lost their teeth early in life, and the preference for having a tooth pulled instead of preserved continued long after modern dental services became available. Since chewing is the first stage of the digestion process, when people "gummed" their food the stomach was forced to work much harder than it should. Horace Kep-hart observed that "the mountaineer is gnawed with dyspepsia."[49] Writer Emma Belle Miles, a native of eastern Tennessee, observed: "Nor are the mountaineers aware that they have, as a people, the worst stomachs in the world, for dyspepsia in its various forms is called, in nine cases out of ten, either consumption [tuberculosis] or heart disease."[50]

Calamus and goldenseal root, chewed raw or boiled into a tea, were the favored botanical remedies. Many people carried a "plug" of goldenseal or calamus root in their pocket to chew when needed.[51] Peppermint, birch bark, and catnip teas were also popular remedies.[52] Sometimes peppermint candy was eaten. A chicken gizzard, either soaked in water or dried, pulverized, and mixed in water, was also used for indigestion and upset stomach. [53] Since the gizzard is instrumental in the digestive process of the chicken, people apparently thought that it would promote the digestive process in humans. In the coal mining area of southwestern Virginia, eating a piece of coal was a popular remedy.[54] The most favored indigestion and

upset stomach remedy by far was “sodee and water,” sometimes with a few drops of vinegar added. Some resorted to a laxative, usually castor oil or Epsom salts, perhaps reasoning that a blockage of the bowels prevented removal of food from the stomach.[55]

LIVER DISORDERS

Sources indicate recognition of liver disorders, but they are for the most part nonspecific. It is not known if the frequently encountered term “liver problems” referred to hepatitis, cirrhosis, hepatotoxicity, or other diseases. Terms like “torpid liver,” “lazy liver,” and “congested liver” are mentioned in several sources, and it is likely that they are derived from the nineteenth-century medical concept of biliousness, defined as an inadequate secretion of bile by the liver. [56] Some physicians believed that a “torpid” or “lazy” liver was responsible for a wide variety of illness complaints. Southern Appalachians tended to view sluggishness and a “weak constitution” as symptoms of a torpid liver.

Popular remedies for a torpid liver included eating tomatoes; drinking sauerkraut juice; drinking a tea made of mayapple root, black snakeroot, and ratsbane; and taking a popular over-the-counter medicine, Carter’s Little Liver Pills.[57] Until recently, the active ingredients in Carter’s Little Liver Pills were two powerful laxatives, aloin and phenolphthalein. These were replaced with a milder laxative, bisacodol. It appears, therefore, that the manufacturer has adhered to an old belief that a torpid liver is caused by poisonous waste accumulation in the bowels. For “yeller janders” (jaundice), remedies included ingesting a tea of crossvine stripped of the bark, senna leaves, or mulberry roots and sunbathing, though some believed the patient should be kept in the dark and fed a bland diet.[58] A curious and perhaps little-known remedy for jaundice reported in Tennessee is worth mentioning because it illustrates belief in the magic of trichotomy and transference. The remedy entailed boiling nine eggs, removing the yolks, and then stringing them around the neck of the sufferer at night. The following morning, the eggs would be yellow and the sufferer’s skin would return to its normal white appearance.[59] Two unusual remedies involved the use of sow bugs: in one, a small cake was made from cornmeal and sow bugs and placed on the mantel; in the other, a solution of water with ground sow bugs was ingested.[60]

Two other liver disorders, livergrown and white liver, are discussed below in the section on folk illnesses.

LIVER DISORDERS

MILK SICKNESS

This debilitating and potentially fatal illness is no longer present in Southern Appalachia. Years ago, cattle grazing in the mountains sometimes fed on white snakeroot (*Eupatorium rugosum*), and the milk they produced contained the plant's toxins. Those suffering from milk sickness experienced nausea, dizziness, weakness, fetor of breath, "weak trembles," and sometimes convulsions. [61] The Pole Creek area of western North Carolina lost so many residents to milk sickness in the 1880s and 1890s that it became known locally as "Milk Sick Cove." Unsure of what caused it, but noting an association between illness and place, many people abandoned their farms.[62] In the 1820s several farms in Boone and Campbell Counties in Kentucky were abandoned and remained unoccupied for years because of the area's association with the illness.[63] Abraham Lincoln's mother and Thomas Wolfe's older sister both died of milk sickness.

Treatment for milk sickness involved, first, an emetic followed by drinking a mixture of apple brandy and honey, and then a laxative to ensure that the poison was cleaned out of the body. Some believed that drinking to a state of extreme intoxication was necessary.[64]

WORMS AND TAPEWORM

In the past, worms (pinworms and roundworms) were so common in children that they were regularly "wormed" by their parents in the summer whether they needed it or not. Jerusalem oak seed (also called wormweed and vermifuge weed) was a favored remedy, one also advocated by nineteenth-century physicians. To make it more palatable for children, the seeds were mixed with molasses and given as a syrup. Some parents added flour and rolled the mixture into pills. A laxative (often castor oil) was given later to ensure complete expulsion of the worms.[65] Ingesting two or three drops of turpentine, usually on a spoon of sugar, was another popular remedy. [66]

One version of the latter remedy came from eastern Tennessee: “Give a child a drop of turpentine the first night, two drops the second night, and so on as to the age of the child. When turpentine regimen is completed, boil a tablespoon of castor oil and add three drops of turpentine and give to child. Be sure not to fail to rub the navel with turpentine each night and especially after giving the castor oil. Rub around navel and stomach area for stomach or pinworms. If you fail to rub the stomach, they will knot up around the navel and remain in the stomach.”[67] The erroneous assumption underlying this remedy is that worms dwell in the stomach. It is possible for worms to be in the stomach early in their life-cycle, but they dwell in the intestines after reaching maturity. It is anatomically impossible for worms to leave the intestine and “knot” around the navel.

A remedy from northeastern Georgia and eastern Tennessee entailed consuming a mixture of baked chicken eggshells (crumbled up), molasses, and butter every morning for a week. It was thought that the eggshells would “cut the worms to pieces.”[68] The most common remedy for tapeworm involved starving the worm and then exposing it to something savory to tempt it out of the body, as in this remedy from northeastern Georgia: “For a tapeworm, starve it. Then hold some warm milk up to the nose of the person and let them sniff deeply. The tapeworm will come up the throat and stick its head out the nose to get the milk. Hold the milk further and further away, thus drawing him out.”[69] This treatment might be better viewed as an urban legend because no firsthand experiences of its use have been documented. It is impossible for a tapeworm to migrate up from the intestine, through the acidic environment of the stomach, up the esophagus, and out the nose or mouth, lured by a sense of smell it does not possess.

Another, more dramatic, version of this tale from middle Tennessee, told to the author by his mother, had the tapeworm leaping out of the person’s mouth into a pan of warm milk. For passing the tapeworm out the other end, pumpkin seed tea, the most frequently reported remedy, or mulberry bark tea were used. [70]

Epidemic Diseases

MALARIA

The term “ague” was used in reference to both chills and malaria. Reflecting early-nineteenth-century medical thought, dogwood-bark tea and tinctures were believed to be good substitutes for Peruvian bark (cinchona), the source of quinine. [71] If available, however, quinine was used both to treat and to prevent malaria. Quinine was often administered in a spoonful of jam to disguise its bitter taste. Blue gin, which contained quinine, was also employed.[72] Other reported remedies were teas of wild cherry bark, willow bark, mullein leaves, or corn fodder and purging the system with calomel.[73] As a preventative measure during a malaria outbreak, some families kept fires burning in their houses throughout the year in an effort to clean the air of morbific matter.[74]

SMALLPOX

To prevent the spread of smallpox, an asafetida bundle was worn around the neck, sulfur was burned in the house and worn in the shoes, and victims were quarantined in their homes or in “pest houses.”[75] Sources provide scant information on folk treatments for smallpox, and only singular reports exist for the following: infusions of brandy and saltpeter, holly leaves and berries, or black snakeroot; taking a steam bath followed by immersion in cold water; and bathing in buttermilk or applying a goldenseal salve to the sores to prevent “pitting” (pockmarks).[76] In 1894 a physician in Knoxville, Tennessee, purportedly was successful in treating smallpox with a regimen that included daily bathing, washing the sufferers’ clothes in bichloride of mercury, and fumigation. Fumigation was done by standing the patient in a large box with holes in the bottom. Sulfur candles were burned underneath the box. In 1898 a Knoxville citizen claimed success for curing smallpox with an infusion of zinc sulfate, foxglove, and sugar.[77]

TUBERCULOSIS

Neither folk nor official medicine had much to offer victims of “consumption.” The best that could be done prior to the introduction of chemotherapy (streptomycin, para-amino-salicylic acid, and isoniazid) in the 1940s was to educate people about how the disease spread and isolate sufferers in their houses or sanatoriums. Folk treatments for consumptives included sweating with teas of Solomon’s seal, feverweed, mullein, or cow manure; purging with Jerusalem oak; ingesting the sap of beech, hickory,

sweet gum, or wild cherry; eating molasses mixed with anvil dust (iron particles obtained from a blacksmith); drinking strippling milk (the last milk taken from a cow's udder); and whiskey with salt or rattlesnake meat. As with asthma, some sufferers slept on a pillow stuffed with rabbit tobacco.[78] In one report from eastern Tennessee, an ice pack containing blood coughed up by the victim was placed on his chest to prevent another hemorrhage.[79] Another Tennessee remedy for tuberculosis, which is probably Cherokee in origin, required the sufferer to inhale fumes from the spray of a skunk set loose in the room. [80] The Cherokee believed that the odor of skunk repelled contagious diseases. The scent bag of the skunk was removed, pierced with a small hole, and hung over the doorway so that the fluid could drain on the floor. During a smallpox epidemic in North Carolina in 1866, some Cherokee families hung a dead skunk in the house and ate skunk meat to ward off the disease.[81]

An official with the Bureau of Tuberculosis Health Education in Virginia described an encounter with a man in southwestern Virginia who was being sweated for consumption:

The poor patient wrapped in blankets, sat between two blazing hot stoves in August, with every window down, and the door opened with great precaution so as not to let in more air than was absolutely unavoidable. The poor creature sat in torment, with sweat running down his face, his parched mouth giving evidence of the efficiency of the treatment. It was small wonder that the disease was always fatal, if such heroic measures were often applied. Nothing better could have been devised for a speedy termination of life; and the hollow eyes, the blue lips, the fluttering nostrils, showed that at least the poor soul would not linger here long.[82]

TYPHOID FEVER

During the onset of a typhoid fever epidemic in Cades Cove, Tennessee, in the 1880s, residents speculated that the disease was caused by poisonous vapors in the air. Some thought the source of the foul air was tree stumps that had "soured," while others argued it was decaying matter in the surrounding woods. It was eventually decided to set the woods on fire.[83]

Known also as "the slow fever," typhoid fever was treated through sweating, purging, and puking. For sweating, hot teas of ratsbane roots,

pine needles, thyme leaves, feverweed leaves, mustard seeds, burvine root, bone-set leaves, pennyroyal leaves, and sassafras root bark were used.[84] Lobelia is documented, but it is not clear if it was used for sweating or for its well-known emetic effect to clean the body of morbific matter believed to cause the disease. Castor oil with drops of turpentine added was used to purge the body of morbific matter, followed by drinking buttermilk.[85] Two other reported remedies were cutting a chicken in half and placing one half on the soles of the feet to "pull the fever out" of the body, and ingesting a pill of pine resin the size of a bullet.[86] To prevent typhoid fever, lime was spread around the house, pine knots were placed in drinking water, onions were hung on the walls, and three "messes" of poke sallet were eaten in the spring.[87]

Eye Care

SORE EYES

As used in Southern Appalachia, the term "sore eyes" often meant pinkeye. John C. Campbell observed, however, that in many cases the term referred to trachoma, a chronic and highly contagious form of conjunctivitis that was once a major health problem in the region.[88] A physician who participated in a 1917 trachoma survey in eastern Kentucky wrote: "It would be difficult to appreciate the suffering and disastrous effects of the disease in Appalachian America without actually seeing these cases and witnessing the pathetic sights they present."[89] The symptoms of trachoma include inflammation of the follicles of the eyelids, light sensitivity, constant tearing, and, in severe cases, the formation of a membrane on the eye and scarring of the cornea, which causes blindness. If untreated, trachoma is indeed a "pathetic sight."

Several folk remedies for "sore eyes" were collected in the past, but early investigations provide no specific information about the symptoms. If trachoma was the problem, then it is clear that the folk remedies used were not effective in eliminating the bacterial infection. Treatment for "sore eyes" invariably involved an eye-wash solution, but the content of the solution varied considerably, including chestnut leaves, lemon rinds, catfish gall, water of the first rain in May, snow water, slippery elm inner bark, Epsom salts, human urine, human breast milk, goldenseal root, coffee and

alum, boric acid, or water from a mule trough.[90] These same materials were also used to treat pinkeye, for which goldenseal's antiseptic activity may have been helpful.

STY

Going to a crossroads and saying "Sty, sty, leave my eye, go to the next person passing by" was a popular Southern Appalachian charm.[91] Another magical cure, which has been documented in Ireland, stipulated that if a person was told by another that he had a sty, he should say "It's a lie" and the sty would then "leave his eye."[92] Some people thought that simply looking at another person's sty was enough to catch it. It was also thought that rubbing the eye with the tail of a black cat or a gold wedding ring would remove a sty, as would sweeping across the face with a broom nine times.[93] Naturalistic remedies included applying egg white, potato poultice, breast milk, salt water, or fat meat to the sty to bring it to a head.[94]

Skin Problems

BOIL

Bathing was an infrequent activity in many homes throughout rural America in the nineteenth century due to a lack of indoor plumbing and the considerable effort involved in hauling and heating the bathwater. Infrequent bathing and the wearing of soiled clothes day after day resulted in clogged pores and bacterial infection, the consequence being the formation of painful "risin's" (risings, or boils). Sources indicate belief in a causal relation between the manifestation of "risin's" and waste-laden or weak blood. A laxative was therefore given to "purify the blood," or molasses and sulfur were ingested to "build the blood."[95] For the boil itself, the most frequently reported remedy was applying a thin slice of fatback or side meat to it. Other topical applications included a biscuit soaked in sweet milk, "striffin" or "scriffin" (the membrane lining the shell of a chicken egg), potato scrapings, a wilted cabbage or green tobacco leaf, beaten slippery elm bark, cow manure, a paste of honey and flour, a paste made from a dirt dauber's nest, and cooked leaves of jimsonweed, cabbage, Queen Anne's lace, mullein, peach tree, and plantain.[96] Whatever application was used, the objective was to "bring the 'bile' to a head." After

forming a head, the boil was pinched open to remove the “corruption” (pus), or the core was removed by twisting a piece of thread around the boil and yanking it out. Some people believed that a boil should not be opened and cleaned at night, or it would rise again with the sun the following day.[97]

BURN

The folk materia medica for skin burns was extensive, but five substances are more frequently mentioned in sources: potato, soda, vinegar, butter, and balm of Gilead.[98] Potato scrapings, or sometimes a slice of potato, were placed on a burn to “draw the fire out.” A soda paste or vinegar was applied singularly or in combination. The buds or leaves of balm of Gilead were mixed with hog fat and cooked down in a skillet into a soothing salve. Other popular remedies were a solution of slippery elm bark, egg white, water from the first snow in March, and vanilla extract.[99] Some people thought it beneficial to apply cold water or, curiously, to situate the burned area close to another, stronger source of heat to “pull the fire out.”[100]

In almost every community there were individuals known as “fire” or “burn” doctors who possessed the ability to “talk the fire out of a burn.” It is not difficult to find people in the region today who will gladly provide testimonials about the effectiveness of these folk healers. The testimonial below was obtained in 1989 from a fifty-five-year-old male, a resident of eastern Tennessee. The event described, however, occurred in the 1970s in West Virginia.

> We had people who could talk the fire out of you. I don’t know how they done it, but they did. I seen them do it. Stood there and watched them. I couldn’t believe it, but, anyway, grease all over the woman’s hand. I mean, it just burnt her whole arm and the guy sits there and took a hold of her hand and just talked and the damn thing [the burn] just went away.I mean, the blisters just went away and everything. I mean, it just started going and went. I said, “I don’t believe you.” Yes, I sat there and watched him, J. B., do it. L. J. jerked a pan of grease back and it went all over her arm. Her hand is burned up! There’s blisters all over it and he sits there and talks and the blisters are going away. I said, “What are you doing?” And he’s holding her hand and, I swear, the s.o.b. is sitting there holding her hand, and he’s talking, you know, and the burn is going away.L.J. said, “I still don’t

believe it because I ain't got no scars or nothing." Anyway, you can go to Talledega Alabama Central Prison and see him and talk to him about it.[101]

It is likely that the burn doctor in this case used a charm well known in the region, and in English folk medicine as well,[102] to "talk the fire out," a version of which is the following: "There came an angel from the east bringing fire and frost. In frost, out fire. In the name of the Father, the Son, and the Holy Ghost."[103] Another version collected in 1939 in western North Carolina substitutes "salt" for "frost": "God sent three angels coming from the East and West. One brought fire, another salt. Go out fire, go in salt. In the name of the Father, the Son, and the Holy Ghost."[104]

Usually the burn doctor recited the charm in a murmur three times while moving his hand across and slightly above the burn, pushing his hand in a direction away from the victim, as though pushing the heat away, all the while blowing on the burn. According to tradition, one can teach only three other people how to "talk" or "blow" fire out of a burn.[105] Some maintained that the person taught had to be of the opposite sex. No fee was charged for the service because it was deemed "the work of the Lord."

BRUISES AND PUMPKNOTS

Treatments for bruises and pumpknots (bumps caused by a blow or knock to the head) were similar to those described below for sprains. The most common were poultices of peach tree leaves, slippery elm bark, plantain leaves, comfrey leaves and root, brown paper soaked in vinegar, or a slice of potato. Some people resorted to rubbing a bruise or pumpknot with a pothook.[106]

CUTS AND SORES

Expediency is apparent in many of the remedies for a cut, whether slight or deep. Turpentine and kerosene, for example, were readily available and were used as antiseptics, but they were also thought good for "taking the soreness out."[107] The old saying "Don't pour salt in an open wound" may have been true for social relations, but when it came to cuts, salt was liberally applied to "take the soreness out" and promote healing, though recent research shows that it may have just the opposite effect.[108] Felt scraped from a hat, soot from a chimney, "silk paper" (cigarette rolling

paper), alum, and cobwebs were applied to stop bleeding.[109] The cobweb remedy was widely used in England and Scotland as well.[110] Although its extensive history of use suggests that cobwebs may contain a chemical property that promotes clotting, scientific studies have shown that they do not.[111] Like soot and felt scrapings, however, cobwebs would physically block the flow of blood. In the coal mining area of southwestern Virginia, a paste made from "bug dust" (pulverized coal) and axle grease was applied to cuts and abrasions.[112] Like the Scots and Irish, some Southern Appalachians thought dog saliva was good medicine for wounds and sores. One simply applied some hog fat or other tantalizing substance to the wound that a dog would happily lick off.[113] Some of the commercial medicines used for cuts included carbolic acid, iodine, Rosebud and Cloverine salves, alcohol, and Watkins Red Liniment.

DRY SKIN

Mutton tallow alone or in combination with other ingredients (such as rosewater, glycerine, beeswax, pine resin, or balm of Gilead oil) was applied to dry or "skin cracked" hands.[114] Mineral oil, sweet oil (olive oil), turpentine (with beeswax), vinegar, earwax, and commercial salves like Cloverine, Vaseline, and Rosebud were also used, as was Bag Balm, a commercial salve for cow udders.[115] A single report from southwestern Virginia has it that washing one's hands in fresh cow blood was a good cure,[116] but the author has encountered this remedy in eastern Tennessee as well. Many of the remedies used for dry skin were also used for chapped lips (Cloverine and Rosebud salves or earwax, for example). An informant in eastern Tennessee offered the following chapped lips remedy: "I knew an old man who said to put chicken manure on chapped lips. Said it wouldn't cure it, but it would sure keep you from lickin' your lips."[117]

FACIAL BLEMISHES AND COMPLEXION

To treat and prevent pimples and blackheads, the face was washed with buttermilk, a solution of Epsom salts or soda, human urine, stumpwater (water collected in a tree cavity or stump, also called "spunkwater"), a decoction made from witch hazel or ratsbane leaves, or dew of the first day in May. [118] Some people used a cow manure facial. When using fresh cow manure, one had to take care not to leave it on too long because it would

turn the skin green.[119] As with boils, some believed that pimples were a symptom of waste-laden or weak blood.[120] Therefore sassafras tea and other blood purifiers were administered. Stumpwater, buttermilk, dew of the first day in May, and a cow manure facial also were used to remove freckles.

Today many people bake themselves in the sun or in a tanning bed to obtain a darker skin tone, despite the increased risk for skin cancer. For some, a dark tan signifies an active, healthy recreational lifestyle and a more appealing physical appearance. In the past, however, women preferred a healthier alabaster-white complexion because, in one sense, it signified that one led a refined lifestyle that did not involve hard labor outdoors. Thus women wore bonnets and longsleeved blouses while working outside in the sun and used chalk as a face powder. They also washed tanned areas of the body with lemon juice and applied cow manure packs to both soften and whiten the skin.[121] A resident of Hancock County, Tennessee, reported to the author in 1980 how she and other women in the 1930s gathered fresh horse manure, rolled it in a bandanna, and placed it around their necks “to whiten the skin and make it soft.”

FALL SORES

Also known as “dew poisoning” and “ground itch,” fall sores are lesions that form on the feet, legs, and arms caused by scratches becoming infected with bacteria. In the past, they were most common during the fall, but they also appeared during the dog days of summer. The Pennsylvania Germans called them “hunspocke” (dog pimples).[122] Since many children went barefoot during the summer and fall, the feet were particularly vulnerable. Sores that formed on the soles of the feet were called “dew cracks” in Kentucky and “grannies” in Alabama. Various salves or ointments, such as sheep tallow and turpentine, sweet milk and gunpowder, brown sugar and kerosene, or hog lard and sulfur, were applied to the sores. Some people applied balsam sap, wrapped the feet in rabbit tobacco leaves, or bathed them with boiled sassafras root water. One remedy involved holding a “rusty” (decayed) meat skin over a burning lightwood splinter, catching the grease drippings in a saucer, and then rubbing the blackened drippings on the sores. Another remedy, which may well have caused a tetanus infection, had sufferers place their feet in a fresh cow patty for an hour or more.[123]

HEAD LICE

Washing the hair and then combing it with a fine-tooth comb to gather the lice was done repeatedly until the lice were removed. To kill head lice, the hair was packed with lard or goose grease mixed with kerosene, calomel, camphor, turpentine, or bluestone or washed with water of the first rain in May.[124]

HEAT RASH

Working in hot weather and infrequent bathing sometimes caused an inflammation of the sweat glands known as heat rash or prickly heat. Heat rash, and diaper rash as well, were treated by applying cornstarch, pulverized dirt from a mud chimney or dirt dauber's nest, alum and borax water, parched flour, "corn milk" (juice scraped from a corncob), or cucumber juice. These remedies were also used for "galded" (chafed) skin.[125]

INSECT BITES AND STINGS

Tobacco juice obtained from a dab of snuff or a bit of "chaw" (chewed tobacco) taken directly from the mouth was applied to an insect bite or sting, as was soda paste, bruised or masticated plantain or ragweed leaves, raw meat, castor oil, mud, molasses, kerosene, ammonia, or turpentine.[126] Another remedy was to take the leaves of any three weeds (some reports say seven), roll them together in the hands to bruise them, and then apply them to the sting.[127] Salt and hog fat or turpentine was applied to chigger (also called red bug) bites.[128] A more recent chigger remedy, applying fingernail polish to the bite, is based on the notion of smothering the chigger. In fact, the chigger does not burrow under the skin. It is usually knocked off in the process of scratching, but the chigger's proboscis remains intact. As one scratches the affected area, the proboscis breaks apart and releases an enzyme that further irritates the skin. To avoid chigger and other insect bites, pennyroyal leaves were rubbed on exposed skin areas.[129] Pennyroyal, a proven insect repellent, was also planted around gardens.

THE ITCH

“The itch” (pronounced “each”) is scabies, a highly communicable and aggravating skin disease caused by a mite (*Sarcoptes scabiei*). Floyd and Charles Watkins relate a conversation between two men in the hills of northern Georgia sometime in the 1930s. One man, whose family suffered year after year from the itch, said to the other, whose family never had it: “You ought to have the eatch jist one time. You jist don’t know how much pleasure it is to scratch!”[130]

Taking a poke root bath or slathering the entire body with lard and sulfur are the most frequently reported remedies for the itch.[131] The bath entailed boiling the “strength” out of poke root and using the decoction to wash the body from head to toe. Many older residents of eastern Tennessee and southwestern Virginia who experienced the poke root bath said the decoction “smelled like rotten eggs” and that “it liked to burn you up.” A resident of northern Georgia said, “It feels like turpentine was poured on your bottom and hit rubbed with a cob.”[132] The other popular remedy, rubbing the body down from head to toe with sulfur and lard, has been documented in Ireland.[133] It was also unpleasant and became all the more so when poke juice was added to the salve. After slathering, the sufferer put on long underwear, a hat, and mittens and was required to remain in this state for three to ten days.

POISON IVY

Sources identify several botanical remedies for poison ivy: poultices of cooked or crushed leaves of peach tree, jewelweed, ragweed, red oak, willow, or nightshade; juice of a green tomato or milkweed; and topical solutions of red oak or willow bark.[134] Frequently reported nonbotanical remedies include buttermilk, soda paste, Epsom salt solution, cow’s cream (sometimes mixed with gunpowder), a biscuit soaked in sweet milk, calamine lotion, salt water solution, and bleach.[135] According to some reports, it was believed that one could develop an immunity to poison ivy by eating some of its leaves. [136] This dangerous and potentially fatal folk belief still circulates today.

RINGWORM

Contrary to an old belief within and outside Southern Appalachia, ringworm has nothing to do with a worm, though the raised, circular

patches that form on the skin suggest otherwise. Ringworm is caused by various species of fungi. The most frequently reported remedy for ringworm in Southern Appalachia was a topical application of juice from green walnut hulls. A magical twist to this remedy involved applying the juice and then using a thimble to press several rings, probably three or nine, around the infected area.[137] Some ringworm sufferers recited the following charm while rubbing the bottom of an iron pot in a circle with an index finger moistened with their own saliva: “Ringworm round, ringworm red, ringworm die, to make (name of sufferer) glad.”[138]

SCALD HEAD

Alex Stewart, a yarb doctor from eastern Tennessee, reported in an interview conducted in the 1970s that he had treated several people for scald head, but that he had not treated a case in fifty years. Stewart described scald head as a scalp infection, a “mean disease” that caused partial or total hair loss. He told about a neighbor who wore a hat all the time to conceal his bald, scabrous head. “He’d go to church and sit way in the back and never pull his hat off,” he said. “He’s ashamed.” Stewart remembered whole families that suffered from scald head. His treatment was a thick application of a salve made of pine “rossum” (resin), beeswax, camphor, and turpentine and then covering the head with a cloth. The salve apparently cured the disease, but it resulted in the complete loss of hair, which never grew back.[139]

Stewart’s description of scald head resembles favus, a contagious fungal infection of the skin, especially the scalp, characterized by small yellow encrustations that produce a pus with a fetid odor. Gunn’s *Domestic Medicine* and Pierce’s *The People’s Common Sense Medical Adviser, which* identify “scald head” as a synonym for favus, recommend a scalp plaster treatment similar to Stewart’s.[140] They differ from Stewart, however, in their ingredients for the plaster. Gunn and Pierce also recommended a laxative to clean the bowels of morbific matter thought to cause the disease.

SHINGLES

The therapeutic objective of treating shingles was to draw the disease out of the body, relieve the discomfort of the skin eruptions, and, most important, prevent the eruptions from forming a complete circle around the waist or

neck, which some believed resulted in death. There is no scientific evidence in support of this belief, which persists today in and outside of Southern Appalachia. Shingles is caused by the same virus that causes chicken pox. After one has had chicken pox, the virus remains dormant in the body until an illness or other insult weakens the immune system. Shingles normally goes away on its own, thus "confirming" the efficacy of folk remedies.[141]

Treatment for shingles involved topical applications of the juice of milkweed, cockleburs, or walnut hulls; brown paper soaked in vinegar; calamine lotion; or a solution of axle grease, turpentine, salt, and iodine.[142] The most frequently reported shingles remedy, however, is the application of blood from a black cat or chicken.[143] The origin of the remedy is unclear, but use of blood from a black cock to treat shingles has been documented in Scotland.[144]

SNAKE AND DOG BITES

For snake and mad-dog bites, the essential objective was to remove the poison quickly before it spread through the body. An old snake bite treatment, also documented in Scotland, was splitting a live chicken (often black) or frog apart and then binding it directly on the wound to draw out the poison. A related practice was applying the meat of the offending snake to the wound.[145] Applying poultices of cocklebur or forget-me-not leaves and cupping served the same purpose,[146] as did the no longer accepted method of cutting slits across the wound and sucking the venom out by mouth. [147] Bathing the wound with turpentine, kerosene, or whiskey or applying bluestone, salt, or tobacco juice was done to neutralize the poison.[148] Some people believed that getting "dead drunk at once" on whiskey was a good antidote, but current research indicates that if a lot of alcohol is consumed, it will, like snake venom, lower blood pressure and increase the chance of shock.[149]

Many Southern Appalachians believed that snakes and dogs were particularly dangerous during the dog days of summer, when snakes became aggressive and dogs went mad. Remedies for snake and mad-dog bites were essentially the same. Magical cures for mad-dog bites were killing the dog, pulling out one of its teeth, and placing it under a rock; placing the hip bone of a deer on the wound; and killing a chicken, extracting its gizzard, and then hiding it.[150] Another remedy was to kill the

rabid dog and apply some of its hair to the wound (thus the phrase “hair of the dog that bit you,” which is used today in reference to a hangover cure in which one drinks some of the same alcoholic beverage that one got drunk from).

One item of folk materia medica used to treat mad-dog and snake bites, the madstone, deserves special mention. Madstones (also known as Chinese snake stones and sucking stones) were first brought to America in the eighteenth century by settlers and merchants from Europe, but indigenous madstones were subsequently discovered. Their use, recorded in twenty-two states, continued in Southern Appalachia and elsewhere until the early 1900s.[151]

Madstones represent a variety of materials throughout the world, but in America they were usually calcium or hair deposits found in the stomachs and intestines of deer and bears (bezoars), halloysite (an absorbent clay mineral), or coral. Once placed on the wound, the madstone adhered tightly until it absorbed the poison and then fell off. After use, it was placed in a bowl of milk to clean out the poison. According to testimonials, the milk usually turned green from the release of the poison during the cleaning process.[152]

Since there is no scientific evidence in support of the numerous testimonials that a madstone actually does draw poison from a venomous wound, a better term for it might be “faithstone.” Faith in their use, however, was considerable, as indicated by one madstone in Tidewater Virginia (Essex County) that was sold for thirty acres of land in 1805. The same madstone was subsequently sold a few years later to 200 shareholders in an eight-county area at $10 per share, a considerable sum at that time. Shareholders, some of whom were physicians, and their relatives could use the mad-stone free of charge, while others were charged $8.[153] In northern Georgia sometime in the early 1900s, a man advertised his madstone in the county newspaper, and people came from as far away as Alabama to use it.[154]

STONE BRUISE

A stone bruise (a bruise on the sole of the foot) was far more common in the past, especially among children who spent much of the year running about barefoot. Various materials were applied to the bruise to relieve pain

and, if infected, bring it to a head like a boil. Poultices of wheat bran, cornmeal, peach tree leaves, plantain leaves, collard greens, mullein leaves, slippery elm bark, sourdough, or a biscuit soaked in milk were bound to the bruise. Mustard seed plasters, a thin piece of side meat, or brown paper soaked in vinegar were also applied.[155] Some people treated stone bruises by smoking the foot over a bucket or hole containing burning wool or, as with fall sores, standing for a few hours in a fresh cow patty.[156] A magical remedy involving transference was recorded in Kentucky: "Take a toad-frog, turn his back down on the bruise and hold. The frog will drive the stone bruise out and [it] will kill the frog in the meantime. When it dies it will be swollen just like the stone bruise."[157]

SUNBURN

The remedies for sunburn were essentially the same as those for skin burns: application of vinegar, cow's cream, soda paste, buttermilk, cow manure, decoctions of witch hazel or black tea, or any combination of these.[158] Interestingly, there is no report of using a burn doctor to "talk the fire out" of a severe sunburn, though it would seem a reasonable therapeutic alternative.

WARTS

Southern Appalachian folk medicine is abundant with beliefs about contracting and removing warts. [159] Some of the more frequently mentioned naturalistic remedies were rubbing warts with castor oil, a chicken gizzard, a slice of Irish potato, bean leaves, or stumpwater and inserting a hot needle into the warts.[160] Even these, however, sometimes had a magical element, such as rubbing warts with castor oil for nine mornings straight or washing with stumpwater in the light of a full moon.

Of the many magical remedies used, one of the more frequently reported involved cutting a wart, letting it bleed on a grain of corn, and then feeding the corn to a chicken. Some people thought the chicken should be fed grains of corn equal to the number of warts to be removed. The underlying assumption was that the warts would be transferred to the chicken.[161] The same assumption is evident in another remedy also documented in England and Ireland.[162] It entailed gathering a stone for each wart, putting them in a paper bag, and placing the bag on the side of a road or at a crossroads.

When the bag was picked up by some curious passerby, that person would also “pick up” (contract) the warts.[163] Rubbing one’s warts with a dishrag and burying it, or placing it under a gutter spout, was another popular wart remedy. According to tradition, one must steal the dishrag from one’s mother or grandmother. The underlying assumption of this remedy is that the essence of the warts is transferred to the dishrag, and as the dishrag decomposes, so will the warts.[164] Some other magical remedies were tying a knot on a string for each wart and burying the string; rubbing the warts while looking at a new moon and saying “You grow and you go”; rubbing the warts on a dead body; and selling the warts to another person for a penny a wart.[165] Should these or any of the many other wart remedies fail, one sought a “wart doctor” who had the ability to conjure warts off by rubbing them with a hand and murmuring “You grow and you go” or some other secret charm.

Dental Care

There is some truth to the stereotype of the toothless hillbilly. Home dental care was minimal at best, and modern dental services were unavailable in remote rural areas. The discomfort of a toothache and abscess resulted in an inclination still prevalent among the older generation for having a tooth extracted rather than preserved. In an interview with Mrs. Zilphie Sutton of Newport, Tennessee, in 1939, linguist Joseph Hall asked, “What’s a good way to treat a toothache?” She said, “Well, sometimes we might put burnt alum in it. Sometimes we put sody in it. The best toothache medicine I had was to pull it out.”[166]

DENTAL HYGIENE

Hog-hair toothbrushes were available at a general store, but many people made their own out of twigs of birch, blackgum, sassafras, and willow.[167] The twig was stripped of its bark and one end was chewed to form the brush. A willow twig made a soft brush that was usually discarded after one or two uses. A blackgum twig made a hard brush that was used several times before disposal. Birch made a soft brush and was probably selected because of its sweet taste. Birch was also used as a “breath killer,” or breath

freshener. Dentifrices used included soda, a soda and salt mixture, pulverized wood charcoal, soot, and snuff.[168]

TOOTHACHE

There were many treatments for a toothache. Some of the more common ones were holding tobacco smoke, a sip of red oak bark decoction, or whiskey in the mouth; chewing ragweed leaves; applying cinnamon or clove oil, camphor, or persimmon juice to the tooth and gum; placing a ball of cotton soaked in paregoric, camphor, turpentine, or kerosene on top of the tooth; and holding a bag of warm ashes or salt against the cheek. If a large cavity was present, it was stuffed with soda, salt, cow manure, spider webs, aspirin, burned alum, dried and pulverized buckeye skin, or crushed puff-balls. [169] Magico-religious cures included cutting a cross on a beech tree, drawing some blood from the jaw, and putting some of it on a cross; picking the tooth with a splinter from a tree that had been struck by lightning; driving a nail into a tree; saying a Bible verse every morning before sunrise for three consecutive days; and boring a hole in a tree just above the head of the sufferer, putting a lock of the sufferer's hair in the hole, and plugging the hole.[170] Toothache could be prevented in several ways: carrying a bone from a hog's head in the pocket; trimming nails only on Friday, or, conversely, never on Friday; wearing a pouch of nutmeg around the neck; and always putting the left shoe on first.[171]

TOOTH EXTRACTION

People extracted teeth at home with pliers and bullet molds and, for milk (primary) teeth, with the proverbial string-tied-to-tooth-and-door-knob method, but the local blacksmith was often the expert in secondary teeth extraction. A blacksmith in Watauga County, North Carolina, fashioned his own "tooth pullers," which he also manufactured for dentists. His daughter said she witnessed "some women stand as high as ten (teeth) pulled at a time."[172] Usually, one had a few drinks of whiskey or brandy before extraction was performed.

"Tooth jumping" was the other extraction method. A resident of eastern Tennessee explained how to "jump a tooth": "You take a cut nail (not one of those round wire nails) and place it squar p'int agin the ridge of the tooth, jest under the edge of the gum. Then jump the tooth out with a

hammer. A man who knows how can jump a tooth without it hurtin' half as bad as pullin'. But old Uncle Neddy Cyarter went to jump one of his own teeth out, one time, and missed the nail and mashed his nose with the hammer. He had the weak trembles." When asked if the tooth came out with the first lick, the man replied: "Generally. If it didn't, you might as well stick you head in a swarm o' bees and ferget who you are." He also noted that some avoided tooth extraction by applying a red-hot wire to the tooth to "sear the mar."[173]

Following extraction, astringents such as a mouthwash of red oak bark or placing a tea bag atop the socket were used to control bleeding and reduce swelling. Some people packed the socket with salt to relieve soreness.[174]

For some Southern Appalachians, the moon signs determined when a tooth should be extracted. The moon passes through each sign of the zodiac every two to three days over a period of twenty-eight days. Each sign of the zodiac is associated with a particular part of the body. For example, Aries is associated with the head, Taurus with the neck and throat, Gemini with the arms and chest, Leo with the heart and back, and Pisces with the feet. Generally, it was thought best to extract a tooth when the moon sign was anywhere beneath the head and neck. Extracting a tooth when the moon sign was in the feet was thought to prevent excessive bleeding. Removal of a tooth at dawn or during the dog days of summer was believed to bring bad luck. Some believed that removal of an "eye tooth" (maxillary canine, also called a "dog tooth") adversely affected the eyes.[175]

TEETHING

The "second summer complaint," as teething used to be called, was treated in a variety of ways. The well-known "sugar teat," made of a ball of cloth soaked in a sugar and water solution and tied around the baby's neck, was widely used. Other teething objects attached to a necklace for gnawing were bacon rind, a mole's foot (preferably the left back foot), bits of bur dock root, and nutmeg (a "he" nutmeg for boys and "she" nutmeg for girls). Some people strung a little poke (bag) of nine sow bugs (also called "cellar bugs" or "roly polies"), rattlesnake bones, or red ants around the baby's neck. Rubbing the baby's gums with the brain of a rabbit to relieve teething pain, as strange as it may sound, is documented in numerous sources. A

magical teething remedy involved writing the baby's name, date of birth, and the date of the beginning of teething on a piece of paper and hiding it or hanging it on a wall. For excessive slobbering, a minnow was drawn through the baby's mouth or inserted into its mouth to gape three times.[176]

Nervous System

HEADACHE

Southern Appalachians recognized an assortment of headaches, all of which are mentioned in Gunn's *Domestic Medicine*.[177] The pain of a "sick headache" was so debilitating that it caused nausea or vomiting. The term "sun pain" referred to a headache caused by excessive exposure to bright sunlight. A "nervous headache" was caused by nervous tension and worry. Regardless of the type, headache was treated with a variety of irritants applied to the temples and forehead, including vinegar-soaked brown paper, camphor-soaked rags, lemon skin, mustard seed plaster, and commercial liniments (such as Brown's or Watkins Red Liniment). [178] Believing that a headache was caused by an excessive flow of blood to the head, some residents tied a rag or bandanna (some believed it must be red) tightly around the head to curtail blood flow. More often than not, the rag was soaked in turpentine, camphor, or vinegar.[179] A poultice of cooked peach tree leaves, onions, crushed mayapple root, or horseradish leaves was bound to the head, as were wilted collard or beet leaves. Emetics like hot boneset tea or hot salt water were ingested for a sick headache to induce vomiting. Others employed laxatives ("a course of calomel" or castor oil) because a headache was considered symptomatic of impurities in the blood and bowels.[180] Soaking the feet in a solution of hot water and mustard seed was believed to "draw the misery from the head."[181] Other remedies included putting a spoonful or two of salt on top of the head, drinking coffee, wearing a garland of rosemary, applying onion slices to the head, and "scarifying" the temples (cutting small incisions in the skin).[182] Interestingly, willow bark, the source of aspirin, is rarely mentioned in early sources. Aspirin and other analgesics such as Goody's Headache Powder displaced most of the old remedies. Goody's is favored by many Southern Appalachians today because it not only contains aspirin but provides a caffeine boost as well.

Some resorted to magical cures. Resting one's head on a pillow with a pair of scissors or a knife underneath would "cut" the pain. Drinking water from a creek running east to west before sunrise was thought to cure a headache, though some thought the creek should flow eastward. One remedy entailed pouring water from an eastward flowing creek on the head seven times while saying "In the name of Jesus, headache leave." To prevent a headache, one carried a bone from a hog's head in the pocket or drank water from a spring that flowed eastward. Prescriptive taboos included never breaking apart a bird's nest or burning hair clippings. Some believed that a headache was caused by a bird making a nest with a person's hair.[183]

INSOMNIA

Older residents often say that insomnia never troubled them or their parents because hard labor made for a good sleep, but it was a problem for some Southern Appalachians whether they worked hard or not. Catnip tea and a glass of warm milk were favorite remedies with proven sedative effects. [184] Catnip tea was commonly given to a restless baby. Some people believed that a pillow stuffed with hops or eating lettuce (variety unknown) made for a good night's sleep.[185] Putting a Bible under the pillow before going to bed was thought to prevent nightmares, and waking in the middle of the night in a sweat ("night sweat") was prevented by placing a pan of cold water, an iron, or a rusty plow under the bed or drinking a cup of sage tea.[186]

JAKE LEG

The following lyrics are from "Jake Walk Blues," a song that was written and recorded in 1930 by the Allen Brothers of Chattanooga, Tennessee:

My daddy was a gambler, and a drunkard too
If he was living today, he'd have the jake walk too.
When I die, you can take my hand,
Gonna take a bottle of jake to the promised land.[187]

The song is about "jake leg," known otherwise as jake leg paralysis, a significant health problem in the southeastern and midwestern United States in the 1920s, during the Prohibition era. Those suffering from jake

leg experienced symptoms of muscular pain, weakness in the arms and legs, and a conspicuous spastic gait known as the “jake walk.” The symptoms were a manifestation of severe damage to the spinal cord caused by the ingestion of adulterated Jamaican ginger extract, commonly known as “jake.” Jake had been marketed since 1863 as a medicine good for gastrointestinal problems and headache, but many people used it because of its alcohol content, drinking it straight or mixing it with other beverages.[188]

During Prohibition jake tincture was outlawed, but it soon reappeared as a pure ginger extract. However, several illicit brands of jake appeared at this time, with alcohol concentrations ranging from 60 to 80 percent. It was a cheap high; a four-ounce bottle sold for twenty-five cents in eastern Tennessee. According to a resident of Roan Mountain, Tennessee, “One bottle would get a man drunk.”[189] To cut costs and maximize profits, some avaricious producers adulterated the ginger extract with tri-ortho-cresyl phosphate (the cause of the jake leg disorder), a substance used in the manufacture of glues and fuels. It is estimated that anywhere from 20,000 to 60,000 Americans had jake leg before the illicit operations were identified and shut down in 1930. The three hundred cases reported in Tennessee were mainly from the eastern part of the state. Several people suffering jake leg in upper east Tennessee went to hot springs in North Carolina, Tennessee, and Arkansas to soak in hot baths, perhaps thinking they could sweat the poison out of their bodies.[190]

Musculoskeletal System

BROKEN BONE

A broken bone required the services of a doctor or someone in the community recognized as a bonesetter to ensure that the bone was properly aligned. In Ireland, bonesetters were highly respected healers who knew the proper methods of extension and counterextension, coaptation, and fixation.[191] Unfortunately, little is known about bonesetters in Southern Appalachia.

Setting a bone was a serious concern since a poorly aligned break resulted in deformity and possibly disability. As one resident of Scott County, Tennessee, explained, “Lots of times they set them the best they could and just let them heal on their own. My uncle fell off a horse and

broke his hip and walked with a limp the rest of his life. Lots of people walked with a limp. I know one feller, he had both arms broke. I remember one of ‘em, this part hung down and the other [demonstrating how one arm was bent at a odd angle and the other extended slightly out to the side], [but] he was able to log and drive mules.”[192]

The few reports on broken bone treatments indicate that, presumably after setting the bone, a poultice of comfrey leaves or paper soaked in vinegar was applied to reduce the swelling. After attachment of a splint, a cast made of red clay mixed with vinegar, sometimes with ground limestone added, was applied. According to a resident of eastern Tennessee, limestone that had been “dynamited out” was the best to use because it had a special healing effect.[193]

CRAMP

Leg and foot cramps were treated by massage with kerosene, camphor, and/or turpentine, a variety of commercial liniments (including those used on horses), or soaking the feet in a solution of warm water with salt or Epsom salts. To prevent cramps, one drank a glass of water with a few drops of apple cider vinegar.[194] In eastern Tennessee, a sow bug emulsion or chamber-lye (urine accretion scraped from a chamber pot) was applied.[195] Wearing a string saturated with turpentine or copper wire around the ankles was used for both cramps and aching legs.[196] Magical measures employed included turning the shoes sole side up under the bed or placing a pan of cold water under the bed before retiring; wearing a string with nine knots around the waist; and always removing the left shoe first.[197]

CRICK

One would assume that liniments and salves were used for a crick in the neck, but there are no such reports. It was thought that rubbing one’s neck on a fence or tree where a hog had just rubbed brought relief, as did tying a piece of red flannel cloth around the neck.[198]

RHEUMATISM

As used in Southern Appalachia, the word “rheumatism” (often pronounced “rheumatiz”) referred primarily to rheumatoid arthritis, but it probably

encompassed other ailments of the muscles and connective tissues, such as bursitis, tendinitis, and myositis, as well.

Polecat or rattlesnake oil, either rubbed on the afflicted areas or ingested, were oldtime remedies that probably pre-date the use of kerosene-, camphor-, and turpentine-based salves and commercial liniments like Ramey's, Brown's, Sloan's, and Watkins (Red).[199] Red worm oil also brought relief. "You can take a bunch of big red worms and put them in a bottle or can," an east Tennessean said, "and in a day or two they'll turn into what looks like pure water; they call it red worm oil."[200] Though red worm oil is reported in an Indian doctor book, *The Experienced Botanist or Indian Physician* by J. W.Cooper (1840), it has not been documented among any Native American peoples.[201] Watkins Red Liniment contained camphor, capsicum, and oil of spruce, all of which are strong rubefacients. Other popular irritant remedies were the red pepper (the source of capsicum) and vinegar rub and "blister plasters" of Spanish fly or mustard seed.[202]

Tinctures of whiskey and wild cherry bark, poke root and berries, rattlesnake meat, or goldenseal were used, but the pokeberry tincture was perhaps the most popular. Other pokeberry remedies included a tea made from the root, eating the berries, and drinking pokeberry wine. A spoonful of apple cider vinegar in water was another popular remedy that is still in use today.[203]

According to some residents, bee stings were an effective rheumatism treatment. Sufferers were to disturb a beehive and allow the angry bees to sting them as much as they could bear. A more controlled method was to gather a bag of bees, shake the bag, and then open the mouth of the bag directly on the afflicted area of the body. Either method would no doubt take the mind of the sufferer off the rheumatism for a while. A resident of North Carolina reasoned that the remedy must work because he observed that he never met a beekeeper who suffered from rheumatism.[204]

Some people believed rheumatism could be sweated out of the body, as illustrated by the description of a treatment used in middle Tennessee around 1900: "A large kettle is filled with water which is thickened to poultice consistency with chopped red peppers and the mixture is boiled for an hour or so. In this a linen sheet is dipped and placed, steaming hot, about the body of the patient. In the meantime blankets have been heated and with

them a veritable Inferno-bed prepared into which the patient is tightly tucked and fed cup after cup of hot tea, until he ‘sweats the rheumatism out of his system.’ “[205]

A potato or buckeye was carried in a pocket in the belief that these objects prevented or absorbed rheumatism. Metal figured prominently in preventative measures, such as wearing a dime on a string around the neck or copper or brass bracelets and anklets.[206] According to a single source from middle Tennessee, rheumatism could be cured by bathing in a moving stream before daybreak on Easter.[207] Spraying painful joints with the industrial lubricant WD-40, a current remedy, is based on the belief that the lubricant is absorbed through the skin and works on the joints like it does on a rusty hinge.[208] It may, however, result in lead being absorbed into the bloodstream.

SIDE PLEURISY

For side pleurisy or “stitch in the side” (unilateral inflammation of the pleura), a red flannel cloth soaked in kerosene, a mustard plaster, or a poultice of peach tree or pleurisy weed (butterfly weed) leaves was applied. Camomile flower tea was used in West Virginia.[209] A firsthand description of “cupping for pain in the side” from middle Tennessee dates back to around 1900: “I saw one treatment by cupping for pain in the side. A small liquer glass was slightly warmed and its inner surface liberally coated with turpentine. This was set on fire, and the glass, while still blazing, was inverted and pressed against the bare skin over the locality of the pain. Deprived of air, the blaze was, of course, instantly extinguished; but its heat caused the blood to rush to the spot and made the skin look inflamed almost to the point of blistering. It gave no relief.”[210]

SPRAIN

In Southern Appalachian speech, the verb “creel” was used in the same sense as “sprain,” as in “He creeled his ankle when he jumped off the porch.” Ligaments of the ankle and neck were called “leaders.” The verb “stove” meant “to jam,” as in “She stoved her finger when she tried to catch the ball.” A swollen ankle was described as “strutted.” These terms can still be heard, but their usage seems to be declining.[211]

Vinegar was a key ingredient in many remedies for a creeled ankle. It was mixed with clay or dust from a pulverized dirt dauber's nest for a poultice. One of the more popular treatments for a sprain was applying a wrap of brown paper soaked in vinegar.[212] The antiquity of this remedy is indicated by its reference in the second verse of the nursery rhyme "Jack and Jill":

Then up Jack got and off did trot,
As far as he could caper,
To old Dame Dob, who patched his nob,
With vinegar and brown paper.

Other treatments included applying kerosene, turpentine, a decoction of slippery elm bark, rags scorched in an iron skillet, commercial liniments, and warm onion, cornmeal, mustard, comfrey, or cow manure poultices.[213] Sprains were also soaked in a warm solution of salt or Epsom salts, or one dug a hole about knee high, placed the foot in it, and filled the hole with dirt. Some believed that the best thing for an ankle sprain was to "walk it out as soon as you're able."[214]

Infant and Child Ailments

BEDWETTING

Many Southern Appalachians believed that nothing worked better for curing bedwetting than peach tree limb tea, that is, a whipping with a switch. Some thought that rubbing the child's face with the wet sheets solved the problem. Others, however, used more humane treatments, such as getting the child up in the middle of the night to urinate, or administered a tea made of corn fodder or silk, watermelon seeds, or willow bark to promote urination before going to bed.[215]

CHICKEN POX

It was common for mothers to intentionally expose their children to other children who had chicken pox or measles because they believed that early exposure to these diseases ensured good health later in life.[216] It is likely that this practice was based on the observation that chicken pox and

measles, though essentially benign diseases in childhood, can be highly debilitating and even fatal if contracted as an adult.

Chicken pox treatments were directed toward easing the aggravating itch of the sores and, as with measles and bold hives, ensuring that the disease was fully brought out through warming the body. For the latter purpose, hot teas of spicewood, tansy, catnip, and sassafras were administered, and the child was covered with heavy blankets.[217] To ease the itching, children were given oatmeal and baking soda baths and slathered with cala-mine lotion. [218] Sources contain numerous magical remedies, all variations on a sympathetic principle related to chickens: have the child lie on the ground and run a flock of chickens over her; sit under a chicken roost to help dry up the sores; have chickens fly over a child's head; have a black chicken jump over a child; apply water from a pot in which a black chicken has been cooked or fresh blood from a black chicken.[219]

COLIC

Of the many remedies reported for a "colicky baby," three of the most frequently documented are catnip tea, a teaspoon of "scorched whiskey" (whiskey with the alcohol burned out), and paregoric.[220] No doubt catnip was used because it tastes good, especially when sweetened with honey or sugar, has a mild sedative effect, reduces intestinal contractions, and is effective in relieving gas. The opium content of paregoric, once available over the counter, also had a sedative effect. It is not clear if the whiskey was scorched for religious reasons or because it was thought the alcohol was not good for a baby. Wild ginger root, peppermint leaves, and calamus root, all of which are effective in relieving gas, were widely used in teas for colic.[221] Some examples of other colic remedies used include blowing smoke on the baby's stomach; giving the baby a spoonful of mother's milk with a pinch of asafetida; a drop of turpentine; rubbing the baby's stomach with turpentine or a bone from a hog's foot; holding the baby upside down by its feet up a chimney; and tying a string with seven knots around the baby's waist. [222]

A resident of North Carolina related a story about a time he and his wife cured one of their daughters of colic through the magical technique of "passing:" "It was done by [my wife] and me, and she was passed around the table leg from one to another for nine times which was supposed to cure

the colic. She was about three months old. She was cured of the colic, but had a headache from our bumping her head on the table."[223]

CROUP

For croup, an acute obstruction of the larynx, the therapeutic objective was to "open up the chest" and suppress the deep, barking cough. Various substances were rubbed on both chest and neck to open them, such as the much favored polecat oil, groundhog fat, goose fat, or lard (preferably from a "he" hog) mixed with turpentine, camphor, or kerosene.[224] Vicks Salve and other commercial liniments and salves displaced these remedies when they became available. A fried onion poultice, sometimes made with a few drops of turpentine or camphor, or piece of flannel cloth soaked in turpentine or camphor was placed on the chest. To promote clearing the chest, children were also given a spoonful of polecat oil, "he-hog" lard, onion juice, chamber pot lye mixed with water, urine (some remedies stipulated the father's urine), or sugar with a drop or two of turpentine or kerosene in it.[225] According to some reports, the odor of polecat and hog lard was offensive, and ingestion often caused the child to vomit, which was thought good since the child would "hock up" obstructing phlegm and other putrid matter. In fact, emetic teas of ipecac and boneset were sometimes administered for croup.[226] To suppress the barking cough, children were given solutions of variable combinations of alum, vinegar, garlic, red clover, whiskey, wild cherry bark, rock candy, butter, asafetida, and lemon.[227]

DIPHTHERIA

Though adults are susceptible to diphtherial infection, children are especially vulnerable. Diphtheria, also known in the past as "putrid sore throat,"[228] took a heavy toll on children in Southern Appalachia in the nineteenth and early twentieth centuries. Prior to the discovery of its cause and proper treatment, there was nothing that physicians or parents could do to halt the steady and agonizing progress of the disease, as the child literally choked to death. E. G. Rogers tells of the measures taken by "a certain neighborhood" in Tennessee that was struck with a diphtheria epidemic: "Children and older people were dying by scores. As the corpses were borne into the churches and to the cemeteries they were preceded by a

procession of burning torches—torches made of burning pine knots, or made of pine tar. In some instances the torches were kept burning constantly in the churches for days. It was thought that this would reduce the chances for the spread of the disease."[229]

The opening scene in Harriette Simpson Arnow's novel *The Dollmaker* (1954), in which the central character, Gertie, performs a tracheotomy on her son, illustrates the desperate measures used to treat diphtheria prior to the discovery of antitoxins. Because of diphtheria's effect on obstructing respiration, many of the folk remedies employed not surprisingly focused on the throat. Alum or brimstone (sulfur) was blown down the throat, or the throat was swabbed with kerosene or turpentine. Some people poured a brimstone solution on a hot shovel and had the sufferer inhale the fumes. Others blistered the neck with mustard plasters and turpentine.[230] A frog or chicken was sometimes split apart alive and applied while still warm to the throat to draw the disease out.[231] Some thought drinking mare's milk or buttermilk mixed with gunpowder or hog hoof tea was "good for diphtheria."[232]

EARACHE

As today, earache was a common health problem among infants and children. Because it was generally believed that an earache was caused by cold air blowing into the ears, most remedies were based on contravening the cold by injecting something warm into the ear. Warm human urine was widely used. A spoonful of urine obtained from a chamber pot was put into a saucer, warmed on the stove or in the fireplace, and then poured into the ear. Some maintained that male urine should be used for a female and female urine for a male. [233] A green piece of hickory or persimmon wood was thrown on a fire, and the sap emitted during burning was collected in a saucer and poured into the ear.[234] Another frequently reported remedy, putting warmed sweet oil in the ear, is still highly recommended by many Southern Appalachians today.[235]

Several other substances were used to treat earache. A bessy bug was snapped apart and its blood allowed to drip into the ear. This beetle supposedly contains only one drop of blood.[236] Blowing smoke into the ear was quite common. One method for doing this was to have someone place their mouth over the bowl of a pipe filled with burning tobacco and insert

the pipe's stem into the ear of the sufferer. Air was forced into the bowl through the mouth, producing a strong stream of smoke that flowed out the stem directly into the ear. Sometimes the charm "Hurt, hurt, go away, go into a bale of hay" was said by the sufferer while the smoke entered the ear.[237] Another treatment involved placing a warm salt compress, often made from an old sock, or a warmed rock wrapped in cloth on the bone behind the ear.[238] As discussed in Chapter 2, some whites believed placing a lock of "negro's hair" in the ear brought relief.

MARKING

The term "marking" does not refer to a disease, but to the belief that a woman's experience or behavior while pregnant has an effect on the development of the fetus, thus resulting in her child being "marked" with a related physical or behavioral trait. For example, a resident of southwestern Virginia shared an anecdote with the author in 1994 about a woman in the 1930s who while pregnant "mocked a crippled man." It was believed that the derisive comments she made about the man's unfortunate condition resulted in her baby being born with a withered right leg. Another marking story, related to the author in 1980 by a resident of Hancock County, Tennessee, concerns a woman in the 1940s who was working in her garden when she was suddenly startled by a rabbit jumping out of the brush. The consequence of this experience was a baby born with a harelip. Cravings for certain foods during pregnancy were also thought to result in marking. A resident of eastern Kentucky told about the time her then-pregnant mother visited a relative when cornbread was baking. She had a deep craving for the cornbread but did not ask for any, and apparently none was offered. While experiencing the cornbread craving she nervously rubbed her neck with a hand. Her baby was born with a skin growth on her neck that looked "exactly like cornbread crust."[239] Another eastern Kentucky anecdote concerns a woman who had a strong craving for cheese one day that she was unable to satisfy. The consequence was a daughter born with a maniacal cheese craving so bad that "she will almost snatch it out of your hand."[240] According to tradition, marking caused by craving certain foods can be prevented by eating large amounts of the food one craves.[241]

MEASLES

Spicewood, sassafras, corn fodder, ginger, catnip, sage, ground ivy, and pennyroyal are some of the more frequently reported botanicals used in hot teas to break out or “sweat out” measles. Sweating was thought necessary to prevent measles from “turning” or “burning” inward, a situation believed to result in severe debilitation or death.[242] The notion held by some that “any ol’ hot tea will do” is illustrated by the use of sheep nannie tea (also called “sheep pearl,” “sheep pill,” “sheep shit,” “sheep bullet,” or “sheep dip” tea), which is documented in sources almost as much as botanical teas. A little honey was added to make it more palatable.[243] This remedy has also been documented in Ireland.[244]

SCROFULA

“A heap of people used to have that,” said east Tennessee herb doctor Alex Stewart about scrofula,[245] which is tuberculosis of the lymph glands, particularly those located in the neck, but also those in the groin. The formation of suppurating abscesses (scrofuladerma) is a common secondary manifestation of the disease. “Kernels” (swollen lymph glands) were treated by applying the blood of a freshly killed black chicken. [246] Scarifying was also used, but with a magical twist. The procedure entailed making incisions in the form of an “X” on the child’s neck with a razor and then sucking blood from the incisions with a cow horn. An “X” was also inscribed in the soot on the back wall of a fireplace.[247] As with goiter, there were people who had the ability to cure scrofula by rubbing the “kernels” while reciting an undocumented charm. [248] One would imagine that a variety of salves were used to treat the sores, but only two are mentioned in sources: scrofula weed (also known as carpenter’s square) and butter, and castor oil mixed with kerosene. [249] Teas of wintergreen, ratsbane leaves, or water in which a flint rock had been boiled were also administered.[250]

THRUSH

Better known as “thrash” in Southern Appalachia, this fungal infection of the mouth, manifesting in painful white lesions, is less a health problem today due to improvements in sanitation. Naturalistic treatments included cleaning the infant’s mouth with its wet diaper, white oak leaves, pokeberry juice, or a solution variously combining borax, goldenseal root, boric acid, or alum and honey. [251] Various individuals were thought to have an inherent

power to cure thrash by blowing into the infant's mouth. These "thrash doctors" came to their healing role by being a seventh son or daughter, the son of a seventh son, or someone who "never looked into the eyes of his father."[252] The belief in the seventh son having healing powers is evident in English, Irish, and Scottish folk medicine.[253] The person who never knew his father is often interpreted as someone whose father died before he was born, but a physician practicing in east Tennessee in the 1870s observed that "bastards are much sought after" for their healing power.[254] The blowing technique involved the thrash doctor forming a funnel with one hand around the child's mouth and blowing hard into the mouth three times, sometimes uttering between blows "I do this in the name of the Father (blow), Son (blow), and Holy Ghost (blow)." One cannot help but wonder what kind of germs may have been transmitted in the process.

A person of no relation to the family could also cure thrash, as in a treatment described to Joseph Hall: "When a child has the thrash, if it's a girl, take her to a man who has no relation. Have him take off his shoe, dip it down in a watercourse where the water runs swift and pure and pour the water in the child's mouth. If it won't drink it, pour it anyway. Then pour what's left down the creek. Do this three times. If it's a boy, take it to a woman who is no relation and do the same thing."[255]

Floyd and Charles Watkins tell of a man who served as a thrash doctor in the Sharp Mountain community in northern Georgia in the early 1900s. His father had been killed in the Civil War two or three months before he was born. Women from near and far brought their children to him to cure not only thrush, but rickets and hives as well. Though the man did not believe in the cure, he never turned anybody away. The authors recalled how he blushed each time he blew into a child's mouth and how his eyes seemed to say, "Poor woman, why do you believe in such a thing as that?"[256]

WHOOPING COUGH

This highly contagious disease was a major health problem for children in Southern Appalachia. No doubt the symptoms of convulsive coughing, injected eyes, vomiting, and especially the morbid sound of whooping respiration caused considerable parental concern, as did the realization that whooping cough was often fatal. Naturalistic remedies included ingestion

of mare's milk (nine sips), water in which horse hoof trimmings or hog hooves had been boiled, a concoction of honey, vinegar, and sweet oil, and teas of chestnut leaf, ratsbane root and leaves, red clover blossoms, or catnip leaves. [257] Chestnut leaf tea was one of the more popular remedies in the region until a blight wiped out the tree in 1925. One item of folk materia medica, the minnow, would impress one as idiosyncratic had its use not been recorded in North Carolina, Georgia, Tennessee, and Virginia. It was thought that whooping cough could be cured by swallowing three live minnows or prevented by placing a live minnow in the child's mouth and letting it gape three times.[258] The magical technique of "passing" was also used to cure whooping cough. Two people stood on opposite sides of a mule and passed the child under the mule's stomach and over its back three times. [259] Another cure entailed having the child eat bread baked by a woman whose maiden surname was the same as her married surname. The bread, however, had to be given to the child by someone else, or "stolen" by the child, for the cure to work.[260] The magical asthma remedy of "measuring" the height of a child with a sourwood stick, discussed earlier, was also used for whooping cough. [261]

In 1877 a physician in eastern Tennessee reported that a seemingly strange but effective cure for whooping cough used by a local resident, which involved causing sudden fright in a child by nearly drowning it, confirmed current medical thought at the time that a sudden shock to the nervous system was an effective cure.[262]

Blood System

Traditionally, Southern Appalachians conceived of four states of blood logically grouped into two oppositional sets: high versus low and thick versus thin. One can visualize this model as two intersecting axes with "high blood" at the top and "low blood" on the bottom of the vertical axis and "thick blood" on the left and "thin blood" on the right of the intersecting horizontal axis. An individual's well-being was determined in large measure by maintaining a balance between the oppositional states, which would be the point where the two axes intersect. This folk model of the human blood system is still evident in Southern Appalachia today. The

four states of blood, which represent four distinct folk illnesses, are discussed below. [263]

HIGH BLOOD

The concept of high blood is likely derived from humoral medicine and the associated practice of bleeding patients advocated by regular physicians in the eighteenth and early nineteenth centuries. The term “high blood” referred to blood volume, not high blood pressure or hypertension as recognized by official medicine. However, the term “high blood pressure” is interpreted by some older Southern Appalachians today as meaning high blood. Symptoms of high blood, experienced in various combination, were headache, nosebleed, feeling “swimmy headed” (dizziness), fainting, rapid pulse, flushing of the face, and nausea. Viewed in terms of simple hydraulics, these symptoms appeared to result from an abnormally high volume of blood placing too much pressure on the circulatory system, the heart, and the brain. Nosebleeds were viewed by some as salutary, being the body’s way of eliminating excessive blood. The incident described below, experienced by a paramedic in east Tennessee in 1989, illustrates how the concept of high blood remains active among some older Southern Appalachians today:

My paramedic unit and the local rescue squad responded to a 911 call for a possible heart attack. Upon our arrival we encountered an elderly female with severe chest pains, difficulty breathing (she called it “smothering”), and nausea. In taking her medical history she stated that she had “high blood,” which we generally accept to mean hypertension. Our treatment for a suspected heart attack includes oxygen, cardiac monitoring, establishing an intravenous line, and relieving pain with medication. One of the rescue squad boys had just got his IV technician certification, so I let him start the patient’s IV line. Now, one of the techniques we learn through experience is to place your thumb down on the tip of the IV catheter to prevent a bloodletting. This was not one of the things he knew, so we lost 10 to 15 cc. of blood before the IV tubing got hooked up to the catheter. The interesting part of this was that the patient said, after seeing her loss of blood, that she felt much better that we “got some of that blood out.” We transported her to the hospital pain and symptom free.[264]

Removal of blood by venesection or leeches was performed by laypeople and physicians as late as the early twentieth century but were later displaced by less aggressive interventions “to cut the blood,” such as drinking teas of sassafras root bark or wild cherry bark and eating onions or garlic.

LOW BLOOD

People with low blood were thought to have either too little blood in their bodies or blood that lacked certain vital properties. Symptoms included fatigue (described as feeling “puny,” “give out,” “peaked” [pronounced PEE kid], and “hippoed”), dizziness, pale complexion, and listlessness. Some Southern Appalachians believed that blood rises and falls according to the seasons, much like sap in a tree; thus, blood volume was thought to be low during the winter and high in the summer. Dizziness in the case of low blood was caused by too little blood flowing to the brain. Those who defined low blood as an anemic-like condition believed that blood lost its vitality during the winter due mainly to a poor diet, as explained by an informant from western North Carolina: “In earlier times when I was a boy growing up you didn’t have all the good, nutritious foods you have [today], especially through the winter. Then you’d run low and I imagine some of the dried foods and the canning processes they used didn’t preserve all the vitamins, you know, and some of us little fellers would look kind of peaked in the spring.”[265]

In the spring the blood’s invigorating properties were restored by taking a tonic, variously called a “blood builder,” “blood restorer,” “blood toner,” or “spring tonic.” The most popular tonic in Southern Appalachia was sulfur and molasses, which some thought was also good for cleaning the blood. Eating a “mess of poke” (poke plant leaves) and other wild greens (such as branch lettuce and watercress) in the spring was also practiced for blood restoration. Homemade tonics were displaced in some homes by commercial products like Scout’s Indian Tonic, Hadacol, and Geritol. Cooking in iron utensils added iron to the diet. Another way of adding iron was to drink water that had been boiled in an iron pot or skillet, or a glass of water in which nails had been soaked.

THICK BLOOD

Maintaining normal blood viscosity was thought to be critically related to good health. Some older Southern Appalachians today link thick blood with a greater susceptibility to stroke and heart attack because they believe it is heavier and more difficult to pump through the body. According to folk theory, thick blood was more viscous due to the accumulation of waste materials the body failed to evacuate. Boils, obesity, sluggishness, and heat intolerance were viewed as symptoms of thick blood. One's blood "set" (became thicker and flowed less rapidly) in the winter due to a more sedentary lifestyle. Hard labor on the farm during the other seasons involved a lot of sweating, which was thought to be an important mechanism for eliminating waste matter in blood. Southern Appalachians believed that waste matter in the blood was highly toxic and a source of sickness, which explains why they were strongly inclined to administer laxatives to the entire family during the spring.

Eating onions, garlic, ramps, and various greens (such as burdock, poke, cressy, and dandelion) in the spring not only restored vital properties to one's blood, as noted earlier, but thinned or "purified" it as well. Sassafras tea was known as a good "blood thinner." Sassafras and burdock contain constituents that promote urination and sweating, which, from a folk perspective, served well the purpose of blood purification.

THIN BLOOD

Thin blood was thought to have a watery consistency and lack essential vital properties. A frail body, pallid complexion, propensity to bruise and bleed easily, and the slow healing of sores were identified as symptoms of being "thin blooded." Because of its watery consistency, thin blood was thought ineffective in transporting heat throughout the body. Thus, people with thin blood were believed to be less tolerant of cold and were said to be "cold natured." It was also thought that blood naturally becomes thinner as one ages, a view held by many Southern Appalachians today. Thin-bloodedness was treated largely through modifications in diet. One was encouraged to put on weight by consuming a lot of meat (especially liver), potatoes, eggs, leafy green vegetables (such as watercress and mustard), bread, and milk. This dietary regimen was linked to a belief still common among older Southern Appalachians that a "fleshy" person (filled out but not fat) is healthier than a thin person. "Fallin' off" (losing weight), if sudden and dramatic, was viewed as a grave illness symptom.

Another oppositional set, “sweet” versus “bitter” blood, was also evident in Southern Appalachia, but the bitter state was apparently not as prevalent as the sweet. Southern Appalachians today, both young and old, talk about “too much sugar in the blood,” which they view as causally related to diabetes. It should be noted that a similar folk model of the human blood system has been documented among African Americans.[266]

BLEEDING

Naturalistic remedies for a nosebleed included holding the head back, pinching the nose, applying a cold, wet cloth to the back of the neck, packing the nose with cotton soaked in lemon juice, applying pressure to the upper lip beneath the nose, or sniffing a solution of alum and water up the nose. [267] Of the many magical remedies for nosebleed, the great majority employ metal. Sliding a pair of scissors or knife down the back “to cut” (stop) the blood flow is one of the more frequently reported remedies.[268] This practice is similar to an old Irish remedy of sliding keys or a piece of iron down the back, which has also been reported in Southern Appa-lachia. [269] Other metal-related remedies were wearing a dime, lead shot, or a bullet used to kill a hog around the neck; hanging pothooks around the neck or above the head; letting three drops of blood fall on a knife blade to “cut” the bleeding and then sticking the blade into the ground; placing a ring on the tongue; and placing a coin (usually a dime) between the upper lip and gum, under the tongue, on the palate, or on the back of the neck.[270] The placing of a coin (or a piece of folded brown paper) under the upper lip was not purely magical since some believed the upper lip area was the location of an artery that led to the nose. Wearing a necklace of red corn kernels or beads or tying a piece of paper with the Lord’s Prayer written on it around the neck were also used to both stop and prevent nose-bleeds.[271]

A tourniquet made of a rag and stick was used for profusely bleeding wounds. Sometimes, however, a bloodstopper was consulted. As in English folk medicine,[272] bloodstoppers had the ability to “halt the blood” by placing a hand on the wound, or just above it, and reciting aloud or to themselves Ezekiel 16:6: “And when I passed by you, and saw you weltering in your blood, I said to you in your blood, ‘Live, and grow like a plant in the field.’” According to some sources, it was necessary to replace

the pronouns in the passage with the name of the person being treated: “And when I passed by John, and saw John weltering in his blood, I said to John in his blood . . . “ Anyone could become a bloodstopper by simply being told the verse to use. Tradition stipulated, however, that the charm be transmitted from man to woman and woman to man; doing otherwise would negate the cure. [273] Bloodstoppers worked on farm animals as well as humans. Some could stop bleeding at a distance; they needed only the name and location of the person to be treated.[274]

Though Ezekiel 16:6 appears to have been the most commonly used charm to stop bleeding, others have been reported. One used in middle Tennessee around 1900 was “God made the ocean, God sent the flood, God calms the ocean, God stops the blood.”[275] The charm presented below was collected in the 1890s and illustrates the German influence on Southern Appalachian folk medicine. It had to be repeated three times along with making three crosses with a finger on the body of the person being treated. It was recorded on paper and is presented as written; the English translation is a speculative reconstruction of the original German text.

Glick seliche kunde,
Glick seliche stunde,
Glick seliche ist der Engle,
Das Jesus Christus geboren war.

Oh, wondrous tidings,
Oh, wondrous hour,
Boundless is the angel’s joy,
That Jesus Christ was born.[276]

Kidney and Bladder Disorders

Teas made from watermelon seeds, ratsbane (pipsissewa) root and leaf, burdock leaf, cockleburs, corn silk, dandelion root, juniper berries, and queen of the meadow (joe-pye weed) root and leaf were used to clean the kidneys and bladder or facilitate the removal of kidney and bladder gravel (stones). All these botanicals, with the exception of watermelon seeds, are effective diuretics.[277] These teas were used in conjunction with drinking a

lot of water, preferably spring water. According to one report from western North Carolina, a hot plate was placed over the area of the bladder to promote the removal of gravel.[278] Other remedies used were soda and water or a glass of water with a few drops of Watkins Red Liniment.[279]

Women's Health

MENSTRUATION

An indication that menstruation was a sensitive topic is the many euphemisms for it. As elsewhere, and still evident today, women spoke of their "period," "the curse," "falling off the roof," "the miseries," "the can't help its," "the courses," "the pip," "the clutches," "female trouble(s)," "the cramps," "the visitor," and "the monthly pain."[280] Some girls were told by their mothers, in anticipation of first menses, that "granny is coming for a visit" and, following first menses, that "granny had come for a visit." Most mothers, however, did not discuss menstruation with their daughters. [281] Its onset, therefore, was a highly traumatic experience. As one resident (age fifty-five) of eastern Tennessee said, "When it first happened, I thought I had done something wrong."[282]

As in many cultures around the world, some Southern Appalachians viewed menstruation as a polluted and dangerous state. Women avoided canning vegetables and making pickles and sauerkraut while menstruating out of fear of causing spoilage. Working in a garden was thought to cause some vegetables and the herb sage to die.[283] The cucumber was thought especially vulnerable to menstrual pollution. This belief, which has been recorded outside Southern Appalachia as well, would no doubt give pause to a Freudian psychologist.

It was commonly believed that if a woman took a bath, washed her hair, got caught in a rainstorm, walked barefoot on a cold floor, or swam during menstruation, the flow of blood would be adversely affected.[284] These beliefs are vestiges of the humoral theory about exposure to hot or cold altering blood volume or viscosity. According to Ellen Stekert, women believed that if these prescriptions were not followed blood flow would stop and "back up," causing a hemorrhage in the lungs known as "quick TB."[285]

Prior to the introduction of disposable sanitary napkins, women wore a piece of double-layered cloth like a diaper or inserted a folded piece of cloth in their underwear. After use, the cloth was washed in boiling, soapy water and used again. Some women refused to use, or allow their daughters to use, tampons after their introduction in the belief that they would "rupture your virginity."[286]

Various teas were used for menstrual problems, but most reports are not clear about the tea's specific use, that is, whether for early/late menstruation, minimal/excessive menstrual flow, or cramps. Tansy or burvine tea was taken to induce menstruation, and cherry bark tea was used to reduce menstrual flow. Other botanicals reported for nonspecific menstrual problems included wahoo leaves, wild and domestic ginger root, squaw weed leaves, pennyroyal leaves, beet leaves, black snakeroot root, catnip leaves, parsley leaves, rue leaves, witch hazel bark, willow bark, and black cohosh root. Of these, ginger tea is by far the most frequently mentioned in sources. [287] A resident of Hiltons, Virginia, strongly advocated the use of burdock root tea for menstrual cramps: "Mommy said, 'If a woman knew how important that burdock was to her, she would bow down to it everytime she passed it.' Mommy heard that all her life. Daddy had heard it all his life. [He] said his grandmother had said that all her life."[288]

It is of interest to note that none of the other residents in the community reported the use of burdock for menstrual cramps or flow, nor is there any report of burdock's use for menstrual problems in other sources consulted. This situation illustrates well the existence of family-based folk medical traditions in Southern Appalachia.

The most popular treatment for cramps was simply retiring to bed with a hot water bottle. Over-the-counter medicines designed expressly for "female complaints," such as Lydia Pinkham's Vegetable Compound and Wine of Cardui, were used in some families.[289]

BIRTH

Birth in Southern Appalachia was a precarious event for both newborns and mothers. Poor nutrition, short birth spacing, and unhygienic conditions all contributed to maternal death, as did some folk medical beliefs and practices.

In many communities there was a “granny midwife” or “granny woman” who was called upon to “catch babies.” Such terms are somewhat misleading because these women were not always old, and men also served as mid-wives. Many communities also had access to physicians, and obstetrics made up a substantial portion of their work and income. Some midwives were trained by physicians and served as physician assistants during births.[290] A typical fee charged by a physician in Kentucky for delivering a baby in the latter part of the nineteenth century was about $10, a substantial sum for an average farming family. Physicians were often paid in commodities, such as corn, timber, pigs, cows, and corn mash whiskey, or labor in kind. [291] Some granny women charged a modest fee of a dollar or two or its equivalent in materials, but many did not.

The birthing practices described below are representative of the time prior to the licensing and training of midwives instituted throughout Southern Appalachia by the mid-1920s. Some of these practices, however, continued following licensing because training of midwives was not required in many states. In West Virginia, for example, all that was required to become a licensed midwife until i974 was a letter of request and $1 sent to the state health department.[292] In terms of injurious obstetrical beliefs and practices, the prelicensed midwife of old, though often wistfully portrayed in popular literature as a bulwark of health care, in some cases did more harm than good.[293]

The granny midwife usually came to the home of the expectant mother a few days before the anticipated birth, often with another female relative or neighbor who served as an assistant. Long ago, some determined their arrival time by reckoning the end of the gestation period with the phases of the moon, believing that delivery during a full moon was dangerous to the mother’s and newborn’s health. The granny midwife and her assistant busied themselves with various household chores before and after the birth to enable the mother to rest.[294] Mothers were instructed not to raise their arms above their heads to prevent the umbilical cord from wrapping around the baby’s neck,[295] and to avoid passing under a mare’s neck to prevent “mare’s carry” (an extended term of eleven months).[296]

If necessary, granny midwives employed a variety of methods to induce labor: having the mother eat a lot of red onions; drink a tea of red pepper, black pepper, wild ginger, mistletoe, or tansy; drink a glass of water with a

spoonful of gunpowder, ground rattlesnake rattle, or ground dirt dauber's nest; or ingest a few drops of quinine mixed with turpentine or a dose of castor oil.[297] "Snuffing" or "quilling" the mother was also done. Snuffing entailed having the mother sniff black pepper, red pepper, or snuff from a plate placed under her nose; quilling involved blowing the same substances directly into the mother's nostrils or throat with a goose quill, reed, or rolled piece of paper.[298] Either way, the objective was to cause a violent sneezing attack that would induce labor. Before a woman went into labor, a sharp object (usually an axe, knife, or pair of scissors) was placed under the bed to "cut" (diminish) labor pains and prevent or stop hemorrhaging. If an axe was used, some midwives insisted that it be one that had been used to cut down hundreds of trees. It had to be placed under the bed sharp edge up.[299]

Some granny midwives recommended that the mother lie on her side and holler while giving birth to promote parturition; others thought it best for the mother to sit "bolt upright," sometimes on the lap of her husband.[300] A stick was placed in the mother's mouth for her to bite down on for labor pains and to prevent her from "breaking her teeth." To promote contractions and expulsion of the placenta, mothers were instructed to cup their hands around their mouths and blow hard or were given another snuffing. Midwives lubricated the birth canal with hog lard, a slippery elm solution, or castor oil.[301] Following birth, the umbilical cord was cut and the baby's navel covered with a "scorched" cloth (cloth burned in a skillet or by ironing). [302] Newborns were held upside down by their feet and lifted up and down vigorously to prevent livergrown disorder; a few days later the baby was "hived" with a little catnip or ground ivy tea, a drop or two of turpentine, or a spoonful of whiskey.[303] Some midwives thought the newborn should be kept next to the mother under quilts as the heat from the mother's body would serve to force the hives out of the baby's body. The baby's navel area was thought to have a "weakness" that would result in a rupture; to prevent this, a "belly band" made from a piece of cloth was tied tightly around the baby's waist for six weeks.[304]

To promote the expulsion of the afterbirth, some granny women recommended that the mother sit atop a chamber pot filled with hot water. The afterbirth was usually buried, but some thought it was necessary to

dispose of it in a stream of running water or burn it to prevent the mother from having childbed fever.[305]

Childbed fever (puerperal fever) is a bacterial infection of the endometrium caused by unsanitary birthing procedures and conditions. Some midwives thought it could be prevented by having the mother remain in bed in her afterbirth for a few hours or several days.[306] According to one North Carolina source, if the sheets were mistakenly changed following delivery and the mother contracted childbed fever, she was treated by hanging a piece of fat meat coated in pepper around her neck and having sulfur quilled into her throat. [307] Others recommended feverfew tea.

Various warm poultices (such as milk and bread, onion and cornmeal, cow dung, pancakes, or potato scrapings) were used to treat mastitis, otherwise known as "weeded breasts."[308] A cloth soaked in camphor was applied to engorged breasts to draw out the milk, or, since breast pumps were unavailable, puppies, piglets, and goats were encouraged to suckle the breasts.[309]

ABORTION

The dearth of information on abortion reflects not only the sensitive nature of the topic, but perhaps also the fact that for ethical reasons the procedure was seldom performed. Though it was probably rare in the past, some women did resort to abortion. Methods included jumping repeatedly off a high place; severe blows to the abdomen; insertion of a stick, knitting needle, coat hanger, or wire into the uterus; vaginal douches of water and turpentine or carbolic acid; and ingestion of toxic substances like pennyroyal tea, which has been used for centuries as an abortifacient in the Old World. Drinking a solution of gunpowder and water or whiskey, a solution also used to induce labor,[310] may be specific to Southern Appalachia, but all the aforementioned abortion methods were well known throughout the United States in the nineteenth century.[311] In his book *Eve's Herbs,John* Riddle notes the contemporary use of Queen Anne's lace as an abortifa-cient among women not only in the mountainous regions of North Carolina, Tennessee, and Virginia, but also in Indiana and New York. A tablespoon of the plant's seeds are first crushed and then ingested with a glass of water immediately following coitus. Riddle states that the use of Queen Anne's lace as an abortifacient extends back to the fourth century in

the Old World, and that knowledge of its use by Southern Appalachian women was acquired by word of mouth over many generations.[312]

A recent investigation of vernacular sexual beliefs current among Southern Appalachian youth found that knowledge of many of these abortion methods still circulates among young people in the region, including blows to the abdomen via a punch or kick, insertion of a coat hanger, jumping vigorously up and down, douching (but with Coca-Cola or vinegar instead of turpentine or carbolic acid), and ingestion of excessive amounts of nonspecific prescribed or over-the-counter medications.[313]

Not surprisingly, older sources consulted contain no information on contraception. The investigation of vernacular sexual knowledge among Southern Appalachian youth cited above, however, identified several contraception beliefs and practices.[314] One of the more frequently reported beliefs is that a girl cannot get pregnant the first time she has sexual intercourse. Douching with Coca-Cola or vinegar was reported as both a contraceptive and abortifacient measure. It is thought that the “acidic” content of these substances creates an unviable environment for sperm. A related and frequently reported belief concerns the consumption of yellow no. 5 coloring agent contained in beverages like Mountain Dew and Mellow Yellow, which is thought to shrink the penis and testicles and lower a male’s sperm count. Some informants said they heard of young men who discounted the belief that these beverages shrink the penis and testicles but drank Mountain Dew regularly to ensure against impregnation. It should be noted that these and other contraceptive beliefs are actively circulating among young people throughout the United States.[315]

Metabolic System

GOITER

Remedies reported in folk medicine sources do not distinguish among the different kinds of goiter recognized by official medicine. Interestingly, many of the folk remedies for goiter involved objects that could both absorb and prevent a goiter, such as wearing a necklace made of the seed pods of Job’s tears, amber beads, or gold beads.[316] Another frequently reported remedy involved binding a live “toad frog” to the goiter and leaving it there until it died, or rubbing the goiter with a toad frog and then burying it under

the “drip of a house.”[317] There were people known as “goiter rubbers” (sometimes a seventh son), who could rub a goiter and make it disappear. A charm used by goiter rubbers and others as well entailed gazing at a new moon and saying the following charm three times: “What I see increases, what I rub decreases.”[318]

Recognizing iodine deficiency as a cause of goiter, some Southern Appalachians ate salt (though it is not clear that it contained iodine), painted the goiter with iodine, or sprinkled iodine on food. Another naturalistic remedy entailed having wasps or bees sting the goiter.[319]

PELLAGRA

A resident of eastern Tennessee reported a remedy used in i9i5 that cured her mother of pellagra. The mother was told by a friend to drink a cup of yellowroot tea made from its root three times a day for an unspecified period of time. [320] There are no other reports of yellowroot’s use for pellagra in Southern Appalachia and no evidence to suggest its beneficial use for this disease, which is caused by a niacin deficiency or the inability to convert tryptophan into niacin. This may be an incident of misdiagnosis. Red clover tea has also been reported for the treatment of pellagra.[321]

Venereal Diseases

Because sex in general was a taboo topic, early investigators gathered little information on folk remedies for venereal diseases. In fact, Southern Appalachians were reticent about using the words “syphilis” and “gonorrhea” in conversation. Syphilis was euphemistically known as “the disease,” “the bad disease,” or “bad blood,” and gonorrhea as “the clap” or “the drip.”

A resident of eastern Tennessee reported that in the i920s gonorrhea was treated by injecting a solution of potash (potassium carbonate, probably the lye obtained from wood ashes) into the penis with a syringe.[322] The use of a potash solution for the treatment of gonorrhea was also reported by blacks in the lowland South, except that the solution was ingested.[323] Two other reports from eastern Tennessee indicate that syphilis was treated by inserting a hot wire into the urethra.[324] In southwestern Virginia, gonorrhea was treated by injecting lemon juice or a solution of calomel and kerosene

into the urethra.[325] Calomel was used by physicians in the eighteenth and nineteenth centuries to treat syphilis, and it sometimes proved effective.[326] An herbalist from northern Alabama told a story about a man with syphilis who was advised "to make a tea of the wild tobacco, also known as elephant's foot, and to bathe the sore area and drink it. It healed." The herbalist personally recommended sarsaparilla, a remedy once used by physicians in the nineteenth century for "social diseases."[327] Folk remedies for syphilis sometimes involve use of a decoction containing numerous and frequently highly toxic plants. An herb doctor in eastern Tennessee said he and his uncle successfully treated syphilis with a decoction that his uncle created sometime in the late i800s. It contained the roots of hemp, mayapple, black haw, pawpaw, sarsaparilla, elecampane, poke, elder, and bittersweet; wahoo and red dogwood bark and hemlock leaves; and mountain tea leaves for taste. [328] Information on why these plants were selected is not known, but it may be that the objective was to thoroughly cleanse the blood and bowels of morbific matter. Mayapple, poke, and wahoo are powerful purgatives; black haw is a diuretic; pawpaw is an emetic; elder is a diaphoretic; and sarsaparilla is both a diuretic and diaphoretic.

According to a resident of southwestern Virginia, the following method was used to determine if a woman had gonorrhea or syphilis: "Take a little earwax from your ear and put it into a woman's vagina. If she has clap or syphilis, she will raise hell. Leave her alone because she is burned up."[329]

Shortly after its discovery in i9i0, doctors in Southern Appalachia treated syphilis with Salvarsan, otherwise known as "606," the first effective treatment for the disease.[330]

Folk Illnesses

Southern Appalachians believed in the existence of some illnesses dismissed by official medicine as not "real." Anthropologists refer to these as "folk illnesses," which they define as "syndromes from which members of a particular group claim to suffer and for which their culture provides an etiology, diagnosis, preventive measures, and regimens of healing."[331] Though physicians tend to relegate folk illnesses to the realm of superstition, it is important to keep in mind that they are, nonetheless, very real to those who believe in them and are consequently a source of

considerable concern and anxiety. In some cases, it is possible to locate a correspondence between a folk illness and a "real" disease as defined by official medicine. An unfortunate consequence of this endeavor, however, is the tendency to label most folk illnesses as "anxiety disorder" or "psychogenic," thus ignoring the significant sociocultural dimensions of these illness experiences.

Blood-related folk illnesses (high, low, thick, and thin blood) were discussed earlier in this chapter. Four other folk illnesses are examined below: bold hives, livergrown, white liver, and nerves. Of these, bold hives is the best known. This infant-specific illness was once recognized throughout the American South, not just Southern Appalachia, among both Euro-Americans and African Americans. Less is known about livergrown, another infant-specific disorder, and white liver, an adult sexual disorder. These illnesses are more remembered than believed in today. In contrast, nerves is an actively believed folk illness.

BOLD HIVES

The terms "bold hives," "little red hives," "bull hives," "boll hives," and

"stretch hives" all referred to an infant-specific folk illness distinctly different from the type of hives (urticaria) recognized by official medicine.[332] From the folk medical perspective, newborns entered the world with hives —a mysterious, undefinable entity—inside their bodies. Like measles and chicken pox, hives had to be forced out before it "turned inward," thus transforming into *bold* hives. If the hives turned inward, normal body functions were adversely affected. Many people thought that bold hives "wrapped around" or "attacked" the heart and lungs, and that if not properly treated, death was inevitable.

Babies often develop a rash in the first few weeks after birth. Bold hives believers viewed this rash as a salubrious event, a sign that the entity was leaving the body. Other bold hives symptoms looked for in a baby were smiling while sleeping; excessive stretching of arms and legs (thus the variant term "stretch hives"); eyes looking upward and rolling around; and fingernails turning blue or black. Babies were often "hived" with various treatments whether they exhibited these symptoms or not because bold hives, according to believers, was also asymptomatic and could strike suddenly and unpredictably. It may well be that bold hives once served as a

culture-specific equivalent of what official medicine today identifies as sudden infant death syndrome.

In an interview done in 1969, a man from western North Carolina (age seventy-one at the time) talked about a “hiving” method used in his community:

Well, if a little child, a young baby, I don’t know what they do nowadays, but, anyway, when a little young child was born the first thing was to hive it. And we would do that with ground ivy. The older women in the county would have a little bag of that dried. Well, we’d take a little of that, put some water on it, steep it a little while, and we’d try our best to save a little sugar back to sweeten that with. And we’d give this baby the ground ivy tea and in about twenty-four hours little pimples would come out over it. Then they dry up and then it would clear up and peel off and it would be just as white and pretty as it could be. I’ve made many a cup of it.

Ground ivy and catnip were the most frequently reported botanicals used in teas for hiving. Usually the teas were spoonfed, but sometimes an infant was given a “sugar teat” soaked in the tea to suck on. Ginseng root, wallink (ground ivy?) leaves, cocklebur leaves, chestnut leaves, and sheep dung were also used for a hiving tea. The tea regimen lasted from a few days to two weeks and served the purpose of “breaking out the hives.”

“Scarifying” was also used for hiving, as described by a woman from east Tennessee, age eighty at the time she was interviewed in 1989: “When a baby has the bold hives, its fingernails turn black. What you did was turn the baby on its back and make two or three small cuts with a razor on the area over the heart. You then took a cow’s horn and put it on the slits and then sucked the blood out, put the blood in a spoon and added breast milk to it and then fed it to the baby. There was many babies that had the bold hives back then.”

Some residents resorted to magical remedies. It was thought that having a man who had never seen his father or a woman whose maiden name was the same as her married name blow into the face of the baby would force the bold hives out of the body, as would passing a baby back and forth from mother to father through a horse collar three times. Others cut a sourwood stick the length of the baby, believing that as the baby outgrew the length of the stick it would be “cured of the hives.”

As noted earlier, rashes normally appear on babies, though some of the teas they were given may have induced one. Either way, belief in the bold hives was confirmed. While it is debatable whether any of the teas used were deleterious to a baby's health, it is clear that some of the other remedies may have been lethal. For example, some families hived a baby by packing it in cow manure, which could have caused a tetanus infection; some administered a dose of whiskey, kerosene, and asafetida, which may have caused chemical pneumonia. Of course, a baby's death in these circumstances would have been explained as failure of the remedy to bring the bold hives out of the body, or perhaps to a delay in treatment.

Linguistic evidence shows that bold hives originated in Scotland. The first entry for "hives" in the *Scottish National Dictionary* defines it as "a name given to any childish skin eruption, applied especially in infants, to red-gum or Strophulus. Still popularly applied to any childish ailment without distinctive symptoms."[333] The entry also quotes from a 1904 issue of the *Caladonia Medical Journal:* "If an infant is at all out of sorts it is said to be *hivie:* diarrhea, vomiting, thrush—all these conditions come under the adjective. *Oot-fleein' hives* is where we get a rash of any sort . . . *In-fleein'hives* (not corresponding to a known disease). Sudden death is accounted for by the fact that the hives have *guan inman."* Finally, another 1904 publication is quoted: "Eczema capitis is frequently described as starting with 'a hive' on the brow, and the sudamina so common on neck and nose in the first few days of infant life are frequently looked on as a good sign, and called *the thrivin' hives."*

David Rorie, a physician and student of Scottish folk medicine observed: "Hives, either with the Mayflower or some subsequent date, went over to America. It crops up in many of those trans-Atlantic medical advertisements with which we are so abundantly favoured, and in the fiction of the United States, and apparently means urticaria."[334] He is correct about the Scottish origin of bold hives but mistaken about its meaning in the American context. Rorie comments on the different labels for hives used by Scots. One of them, "bowel hives," more than likely underwent phonetic transformation over time into "bold hives." As is often the case, there were changes in nuances of meaning as well, but the fundamental concept is the same. According to one observer, belief in hives is still current in Scotland and used to explain "everything from sneezing to diaper rash, and sore gums to a windy smile in a new born baby."[335]

LIVERGROWN

Mothers closely monitored their infants and children for symptoms of livergrown or being livergrowed, thought to be a debilitating and potentially lethal illness caused by the liver forming a fibrous growth attachment to the spine or ribs. Primary symptoms of livergrown were irritability and sensitivity to touch. It was believed that an infant was likely to form a liver attachment if it remained in a supine position for too long. Infants were therefore periodically rolled over onto their stomachs. Livergrown was also prevented by exercises such as stretching an infant's right foot to its left shoulder and left foot to right shoulder or by what was called "turning the baby." Turning the baby involved holding an infant upside down by one leg and then grasping an arm and rotating the baby to an upright position and back to an upside down position. This rotation was performed several times a session. Should symptoms of liver attachment manifest, a more drastic measure known as the "liver shakes" was used. The infant was held in the air by its feet and shaken vigorously up and down, the intent being to dislodge the liver attachment. This measure was also performed shortly after birth and may have resulted in brain injury.[336]

Livergrown is a German contribution to Euro-American folk medicine. Derived from the German word *lebertran*, the term "livergrown" was defined by the Pennsylvania Germans as a child-specific illness caused by "the liver attaching itself through some morbid growth to the neighboring and outer parts [of the body]."[337] It was treated magically by, for example, passing the child through a horse collar, around a table leg, or under a bramble, usually three times. "Passing" was also used in Southern Appalachia for livergrown, as well as for other illnesses as noted earlier. [338]

NERVES

A recent study of folk medicine in Hiltons, Virginia, found that two types of nervous disorders were recognized in the past.[339] The more prevalent was simple nervousness, a relatively mild, transitory condition caused by life's common stressors (e.g., work, loss of job, marital relations, or death of a loved one). The other type was the rare "nervous breakdown," a severe, incapacitating, long-term disorder similar to the folk illness nerves that has been identified by recent research. It was thought that those who suffered a

nervous breakdown had a weak “constitution” and were unable to cope with either a traumatic event or the demands of everyday life.

Those suffering a nervous breakdown usually languished at home, and their treatment entailed teas, commercial nerve tonics, time, and tenderness. Some, however, were placed in mental institutions. Richard Blaustein and the author investigated a case of nervous breakdown involving institutionalization that occurred in Limestone, Tennessee, sometime in the early 1900s.[340] According to the key informant, Mrs. B, her aunt suffered a nervous breakdown due to the death of her husband. She explained that it was her aunt’s prolonged lugubrious and hysterical behavior that prompted the family to have her placed in an asylum: “And she just stayed at the graveyard—they never had no children—and she just stayed at the graveyard and worried over him until she went crazy.”[341] While in the institution the aunt and another patient wrote a song about their illness experience entitled “The Lunatic Asylum.” The aunt performed the song at gatherings of family and friends for several years following her recovery. Presented below is what Mrs. B remembered of “The Lunatic Asylum,” which originally had many more verses.

It’s I have a home in east Tennessee
And plenty of friends all around me,
They took me on a sly
And made me believe a lie
And they took me to the lunatic asylum.

It’s oh glory, oh glory!
Fare you well, there’s a better day a-comin’
When I won’t mind asylum,
I’ll be over double trouble,
And I’m bound for the lunatic asylum.

I guess I better tell
About the patients that was there:
The patients they were thick around me;
They would come down so thick
That they’d give you many of a lick

When they had me in the lunatic asylum.

It's oh glory, oh glory!
Fare you well, there's a better day a-comin'
When I won't mind asylum,
I'll be over double trouble,
And I'm bound for the happy land of Canaan.

Yes, I guess I better tell
About the jackets that was there:
The jackets they were thick around me;
They would lace 'em on so tight
That it made you want to fight
When they had me in the lunatic asylum.

Oh glory, oh glory!
Fare you well, there's a better day a comin'
When I won't mind asylum,
I'll be over double trouble,
And I'm bound for the happy land of Canaan.

"The Lunatic Asylum" cannot be considered a folksong in the classical sense because it was known and performed only by its composers and their relatives and friends. Its structure, melody, and metaphor, however, clearly resemble the ballad tradition of Southern Appalachia. The song tells of betrayal, mortification, and transcendence, and its creation and performance was, in effect, an integral part of the healing process.[342]

The emergence of nerves as a folk illness seems to coincide with the appearance of tranquilizers in the 1950s and the subsequent widespread prescribing of them by physicians. The prescribing of tranquilizers gave official cachet to the illness, and by the 1970s Southern Appalachians, and other Americans as well, were filing claims for disability for what they called nerves or "bad nerves." Interviews done in eastern Kentucky with persons filing for disability for nerves identified a constellation of symptoms in various combination associated with the syndrome: sense of inadequacy, easy startle response, absence of social protest, depression, and

somatic complaints such as weight loss, insomnia, fatigue, difficulty breathing, headache, black-out, and chest pain.[343] From an official medical perspective, “nerves” is but a vernacular label for depression or anxiety disorder. On another level, however, some have argued that it is a product of a “constricted world view defined by a life of poverty” or an illness complaint that reflects encoded “relationships of inequality and domination” born of a life of poverty. [344] These interpretations, however, ignore the fact that nerves is not experienced exclusively by people living in poverty.

The overwhelming majority of the more than one hundred people interviewed in the Hiltons study, all of whom were age sixty or over, reported that the nerves syndrome did not exist in the past. “Never heard tell of that back then” and “We were too damn busy working to think about our nerves back then” were common responses. Periodic episodes of nervousness were recognized, but people had to “go on with life and not dwell on things.” When asked how people dealt with nervousness, responses like “toughed it out,” “beared up to it,” “took a walk,” “fought it out,” “worked harder,” and “nothing” were common. Informants reported their parents’ use of several teas, notably catnip and sage, for simple nervousness, most of which were no longer used. Catnip and sage, along with lady’s slipper, black co-hosh, skullcap, and tansy, were well-known nerve medicines in Southern Appalachia and were also used by nineteenth-century physicians.[345] Some resorted to commercial medicines like Nervine. One of the more popular remedies for nervousness, still used today, was taking “a good drink” of moonshine.

WHITE LIVER

In the past, people with an abnormally strong sex drive were said to suffer from white liver. The folk medicine record contains scant information on this folk illness, because openly talking about sex was taboo in the past. The earliest and most complete description of white liver comes from Vance Randolph’s study of folk culture in the Ozarks: “When a lively, buxom, good-looking woman loses several husbands by death, it is often said that her inordinate passion has ‘killed ‘em off,’ and she is referred to as a ‘white-livered widder.’ Usually it is only a figure of speech, but there are people who actually believe that a ‘high nature’ is correlated with white

spots on the liver, and that this condition has often been revealed by postmortem examination."[346] A belief documented in North Carolina has it "that if a person married three times, his liver would automatically turn white," but no contextual information is provided.[347]

A recent study by the author found that the term "white liver" was, and to a lesser extent still is, as Randolph observed, used as a figure of speech in Southern Appalachia to jokingly or disparagingly identify someone as sexually deviant, but for some the term also referred to a genuine sexual disorder.[348] Informants interviewed for the study described individuals with white liver as having an abnormally powerful sexual drive that incapacitates or kills a spouse or significant other by literally draining them of their vitality through incessant coitus. A related belief conveyed by some informants was that those afflicted with white liver not only had an insatiable sexual appetite but also had "bad blood" and transmitted a fatal infection to others.

A social worker shared a story about his first encounter with white liver while working for the Department of Public Welfare in Wise County, Virginia, in the late 1950s. A woman came to his office one day seeking help for her daughter, who had just recently married. The woman said she was concerned about her daughter's husband losing his job, adding that he had missed a lot of work because her daughter was "wearing him out." Unsure of what she was talking about, he pressed further, and the woman told him that her daughter had the white liver. He eventually surmised that the woman was talking indirectly about her daughter having a voracious sexual appetite. Flummoxed about what to do, he sheepishly recommended cold shower therapy and consultation with a physician. He later asked other members of the staff, all natives of southwestern Virginia, if they had heard of white liver. Some said they had but added that they did not believe in it.

A woman from Carter County, Tennessee, age sixty-seven at the time of the interview in 2000, admitted suffering from white liver most of her adult life. She said that she contracted the disorder in her twenties while washing clothes with a group of women in her community. One of the women in the wash group, who was known to have white liver, cut her hand on a scrub board and blood flowed from her cut into the wash water. The informant said that an "open sore" on her arm was infected by the woman's blood. Following the event, she said, her "nature" (sexual drive) became so powerful that it almost destroyed her marriage. She confessed that her

problem was not only a matter of exhausting her husband but also an inclination to obtain sexual satisfaction with other men. Whenever her husband left the farm for business in town she was locked into a closet at her own request to prevent a liaison with a neighbor or traveling salesman. She never sought help from a physician because “that was something you didn’t talk about.” She eventually experienced relief from white liver while undergoing a knee operation a few years ago. “When they were operating on me,” she said, “I had this feeling that something was leaving my body.”

White liver afflicted both men and women. The consensus of those interviewed was expressed by one informant: “The way I heard it is that both men and women can have the white liver. Those that had it didn’t seem to be hurt by it and kept on living, but their need for sex hurt or killed others.” Some informants, however, thought the disorder was male-specific. An informant from Hamblen County, Tennessee, said: “White liver is when a man can’t get enough sex. It’s very rare. I knew a man who died of it. He stayed erected all the time.” For others, white liver was female-specific. As one informant from Hamilton County, Tennessee, put it: “White liver is when a girl is over-sexed. It’s caused by the Devil. Plenty, plenty sex.” A Native American from Cherokee, North Carolina, reported that her sister had white liver and that her need for sexual satisfaction “put four husbands in the grave.” Another informant from West Virginia, who currently resides in Tennessee, said she knew a woman several years ago “who would be naked on the kitchen table when her husband came home.”

An African American informant in Tennessee who spent much of her life in a community near Atlanta, Georgia, reported that the term “black widow” was used there to identify a woman whose sexual drive resulted in the death of several husbands. The analogy with the female black widow spider, which sometimes kills and eats the male following copulation, is clear. This informant and others reported being told that people with white liver transmitted a fatal infection during sexual intercourse. According to the interviews, it is usually from a man to a woman. “It’s a man with an over-sex drive,” one informant said. “It’s not treatable. If a woman is with a man who has it, she gets a bad infection.” Another informant said: “If a man who is white-livered marries a woman who is not, his bad blood will cause her death.”

Most informants said white liver is a congenital disorder, possibly related to an “overactive liver,” and one said it is caused by the influence of

the Devil. Even though most informants thought white liver sufferers “are born that way,” all maintained that they are nonetheless capable and responsible for controlling their sexual behavior, usually through “taking their mind off sex” or seeking God’s help through prayer.

Snow’s research on African American folk medicine helps to understand the association between sexual activity, blood, and infection. “Like so much in African American traditional health culture,” she observes, “excess is dangerous and sexual excess—especially if too many partners are involved—can result in serious problems.”[349] From a folk perspective, having sex with too many partners results in the accumulation of sexual secretions in the blood, resulting in “bad blood” or “poisoned blood.” (Conversely, regular but not excessive coitus with a spouse is necessary for good health by preventing the build-up of one’s own sexual secretions.) Having sexual intercourse with multiple partners, of course, also increases the chance of contracting a sexually transmitted disease. In Southern Ap-palachia, the term “bad blood” once meant syphilis among whites and blacks. It is possible that in the past the fatal infection transmitted by those with white liver was syphilis or another sexually transmitted disease.

It is interesting to note that the known or heard-about cases of white liver reported by informants fell into two relatively distinct groups: those who experienced serial monogamy through the death of several spouses, and those who were promiscuous and were carriers of “bad blood.” Women are better represented in the serial monogamy group and men in the promiscuous group, a pattern that reflects the traditional belief that men are more inclined to promiscuity than women. Labeling a man with white liver may have served as a community preventative health measure. Attributing the death of a man to an oversexed wife, however, raises several questions about sexual mores in the past. Were women labeled “ill” by others because they openly admitted to enjoying sex with their husbands during a time when sex was not to be enjoyed? Were these women, and perhaps women in general, viewed as sexual predators, either by men or by other women?

The origin of white liver is unclear. It is plausible that the liver/sexual drive association is derived from humoral pathology. The term “white livered” is defined in Grose’s *Dictionary of the Vulgar Tongue* (1796) as “cowardly, malicious, from the old superstition that cowards have bloodless livers.” The *Oxford English Dictionary* notes the use of “white livered” as far back as the sixteenth century and defines it as “having (according to an

old notion, still surviving locally) a light coloured liver, supposed to be due to a deficiency of bile or ‘choler’ and hence of vigor, spirit, or courage; feeble-spirited, cowardly, dastardly.” Of all the dictionaries consulted, only the *Scottish National Dictionary* contains an entry for “white liver” (as opposed to “white livered”): “A condition ascribed to a man who has been widowed several times, from the notion that the ‘bad breath’ resulting has been fatal to his wives.” This definition resembles the American folk illness and suggests a Scottish origin, but two authoritative sources on Scottish folk medicine contain nothing on white liver. [350]

Not long ago, white liver would have been diagnosed by clinicians as either nymphomania or satyriasis, but neither is recognized today as a discrete syndrome by official medicine. Clinicians now interpret hyperactive sexual drive as symptomatic of a personality disorder.

CHAPTER 5

Folk Healers

When self-treatments or the interventions of family members and friends failed to bring relief from sickness, Southern Appalachians usually sought the assistance of a physician or, depending on the ailment and circumstance, a variety of folk healers. As discussed in Chapter 4, there were thrush doctors, wart doctors, burn doctors, goiter rubbers, and bloodstop-pers, all of whom employed supernatural healing techniques, present in nearly every community.

Most everyone in Southern Appalachia knew something about medicinal plants. Conventional wisdom has it that women were the primary sources of botanical medicine knowledge since they were largely responsible for family health care. Many communities had men or women known as “yarb doctors” or “herb doctors,” who were recognized as being exceptionally well versed in the knowledge of medicinal plants. Women often served as both yarb doctors and granny midwives.

Using the life history profile as a format, this chapter examines four kinds of folk healers in Southern Appalachia: herbalists, cancer doctors, faith healers, and Native American healers. Collectively, these profiles span a period of time from the early 1900s to the present. They are followed by a discussion of continuity and change in the folk healer role and medical pluralism in Southern Appalachia.

Herbalists

Regrettably, there are no published life histories of yarb doctors who practiced in Southern Appalachia in the nineteenth century. Insights into the region’s herbalist tradition, however, can be obtained from studies of four contemporary herbalists: Clarence “Catfish” Gray, Dr. Caldwell and Dr.

Fields, and Tim Waggoner. Another herbalist, John Warner, was presented in Chapter 3.

GUMMED-UP BLOOD AND KIDNEYS

Clarence Gray (1917-1991) was descended from a long line of herb doctors on his mother's side that extended back three generations in West Virginia.[1] Prior to assuming the role of herbalist in the early 1960s, Gray worked at various blue-collar jobs in West Virginia and Ohio. With only a fourth grade education, he struggled to make ends meet. The stress of providing for his family eventually led to a divorce and a series of heart attacks between 1954 and 1961. Sometime in 1961, after doctors had told him he was "near death," Gray had a preternatural experience that radically changed his life and set him on the path to becoming an herb doctor. According to his account, one day a Native American man emerged from the woods, walked up to him, and said: "You sick. You get well. Friends send me. You sick. You get well in six months." After giving him some herbs and instructing him on how to use them to heal himself, the man departed and never returned. Gray said that he never had heart problems after using the herbs, and he believed the man was an angel sent by God. Not long after this experience, he was "born again" and joined the Church of Christ.

Gray acquired his knowledge of herbal medicine from his mother and maternal grandfather, a German family he worked for in Ohio, reading almanacs and other literature, and communications from Native American spirits. His emergence as a full-time, practicing herbalist was incremental, beginning with treating himself and then his relatives and friends. Over time his reputation spread by word of mouth, and people outside his community began seeking his advice. His herb doctoring, however, became more widely known after a story about him aired on a local television station and a film about his life and work was made by Appalshop Films. Gray had a regular clientele who depended on what he called his "bitters" medicine, which he sold directly and by mail. He received numerous letters from people requesting advice for the treatment of various ailments. The steady stream of letters prompted him to produce an occasional newsletter containing health care advice, which he mailed to regular clients.

Gray's theory of health and illness was deeply rooted in the folk medicine of Southern Appalachia. Some of his beliefs and associated practices, however, departed radically from its core tenets, illustrating the

tradition of experimentation and creative thinking long evident in the region. Gray believed that most illnesses are caused by autointoxication of the body, that “bad” (waste-laden) blood and “gummed up” kidneys are the primary source of most ailments. In his view, the consumption of certain foods, including cabbage, tomatoes, instant coffee, pork, web-footed fowl, graham crackers, salt, potatoes, oysters, grapefruit, and plums, “gummed up” the blood and kidneys, resulting in “rheumatism, arthritis, sugar diabetes, gall stones, kidney stones, cataracts, gas, everything.” Gray provided clients with an all-purpose tonic he made from fifteen or more plants that served the purpose of healing the body. Each plant selected for his “bitters” served a specific purpose. Sassafras, for example, purified the blood; burdock, yellow dock, red clover blossom, pipsissewa, and peppermint cured cancer; mayapple root and Solomon’s seal root promoted regular bowel movements; slippery elm “lubricated” the body; and queen of the meadow and sassafras were “sex pepper-uppers.”

Gray’s theory of healing had an astrological dimension as well. He believed that people are highly susceptible to contracting “two-way” diseases (that is, communicable diseases like flu, cold, measles) for a period of two days every twenty-eight days when their zodiac sign “comes due.” In addition, he maintained that “two-way” diseases would affect the specific part of the body associated with a person’s zodiac sign. For example, an individual born under Aries, which is associated with the head, is more likely catch a cold in the head, whereas one born under Sagittarius is more susceptible to a cold in the thighs.

Gray’s advocacy of baking soda as a panacea represents a point of departure from Southern Appalachian folk medicine. For general health maintenance, he recommended ingesting one-quarter teaspoon of baking soda in an eight-ounce glass of water after each meal; an increased soda intake was recommended during illness. Gray believed that soda would cure everything but cancer. He was convinced that the health of the general public had deteriorated over the years due, in large measure, to the elimination of soda from the diet, as he explained in an interview: “Now back when I was a kid, this was when I was eight years old, here’s what the people did. They had sodey in beans, sodey in biscuits, sodey in groundhog, sodey in the chicken; wasn’t no rheumatism, neuritis, arthritis, bursitis, high blood pressure, dropsy, gall stones, fat, overweight, any of that stuff—there wasn’t none of that. Just think of it. What people did, just

put a little bit of sodey in everything they cook; sodey take care of everything you eat."[2]

Gray's observation, of course, is refuted by the folk medical record of Southern Appalachia, which shows that many people of the generation preceding his suffered from the diseases he cites even though they, too, cooked regularly with soda.

DID YOU EVER SEE A MULE DIE OF CANCER?

Herbalists Dr. Caldwell and Dr. Fields (the names are pseudonyms) operate clinics in a semirural community in northeastern Georgia.[3] Fields, the younger of the two, served as an apprentice with Caldwell for a few years before opening his own clinic. Like Clarence Gray, Caldwell and Fields identify autointoxication as the primary cause of illness. They also share Gray's belief that physicians are, by and large, frauds. In their view, physicians dispense false information about the cause of illness because their primary objective is to keep people sick in order to make money, and a lot of it. In an interview at his clinic, Caldwell offered the following commentary, delivered in the staccato manner of a Bible-thumping evangelist:

Did you ever see a mule die from cancer? No! You never saw a mule die from cancer! That's because a mule has got more sense than a human. When he gets sick he will go off and eat the right herbs to make him well. He don't run to no doctor. Herbs will cure anything. Why, they have been here since time. Them old Indians knew all about them. You never heard of an old Indian dying from cancer. Now, them young Indians have ruined themselves. They have become *educated*. *There* are not many of them old Indians left. Do you know what causes cancer? I'll tell you what causes cancer. Most of the time it's caused by a healthy bank account. When the doctors find out you got money they say you got cancer. Then they will treat you and cut on you until you're dead or broke. Not one person in a thousand that thinks they have cancer really has it. Doctors just tell them that to get their money.

Caldwell and Fields share with Gray, and a substantial segment of the American public, the belief that herbs are more effective and safer than the synthetic drugs prescribed by physicians and that physicians treat the

symptoms rather than the cause of illness. Fields offered the following observation about his herbal approach to healing:

If you go to a doctor he will give you a lot of synthetic chemical drugs to make you feel better fast. Unfortunately, that does very little toward getting rid of what is bothering you. While you are taking those drugs, you can be getting worse all the time. What I do is give medicine made of nothing but natural herbs. Now, I won't lie to you. My medicine won't make you feel good as fast as the stuff you would get from a doctor. What this medicine will do is get rid of what is bothering you; that is if you take it right. It will get all the poison out of your system. Then, if you keep taking it, the poison can't form again.

Caldwell and Fields differ from more traditional herbalists like Gray and Tommie Bass of northern Alabama in their style of presentation and thus represent a relatively new type of herbalist in Southern Appalachia.[4] Though they have considerable disdain for official medicine, they have no compunction about using the honorific "Dr." when, in fact, neither has a medical degree. They situate their practices in a clinical setting, don white coats, and use stethoscopes, all of which give their practice the feel and cachet of official medicine. Fields's clinic has a nicely furnished waiting room with Muzak playing in the background and a pleasant receptionist to welcome patients. The clientele of both herbalists comes from several states, includes both whites and blacks, and represents all economic levels, though Fields's patrons tend to be a little more upscale.

GOD'S LAW OF NATURE

Born in 1940, Tim Waggoner of Knoxville, Tennessee, has been a practicing herbalist since the 1950s.[5] He learned about home remedies early in life, beginning with those used by his parents and other relatives. He recalls that his mother had a U.S. Department of Agriculture publication on medicinal plants that she frequently consulted. While in his teens, Waggoner became acquainted with two local herbalists, Doc Harris and Dewey Lincus. Harris, who was not a physician, sold herbs and herbal decoctions in the streets of Knoxville. Lincus, whom Waggoner described as "an old mountain man from Rogersville [Tennessee]," was a reclusive rustic who lived in a shack on the outskirts of Knoxville. Lincus had the

greatest influence on the young Waggoner, who accompanied the old man on his forays into the Great Smoky Mountains to gather herbs.

Waggoner married shortly after his discharge from the army in i960 and began working for a plastics manufacturer. In the early sixties, he received the call to preach, was ordained as a Missionary Baptist minister, and began serving a small church in Marble City, a community in Knox-ville. He hosted a religious program on a local AM radio station for several years, preaching the gospel but also offering occasional commonsense health advice and information on home remedies. The practical health care advice he dispensed on the air established his reputation locally as someone to consult for health problems in general and herbal remedies in particular. It was around this time that Waggoner came to the realization that the folk medical tradition of Southern Appalachia was dying out. He was struck by the fact that some of the health care advice he shared with others had been common knowledge in the older generation when he was growing up. “I just got in on the last of this great thing [folk medicine],” he said. In the late i960s, Waggoner set about the task of interviewing “old folks” in eastern Tennessee about folk medicine, both to preserve a record of a vanishing tradition and to expand his own knowledge. It was also during this time that he began reading widely about herbal medicine. Two books in particular had a profound influence on the development of his healing philosophy: John Lust’s *The Herb Book* (1974), which introduced him to new medicinal plants, and Jethro Kloss’s *Back to Eden* (1939), which added a spiritual dimension to his healing philosophy. Of the two books, Kloss’s clearly had the greater impact on him. He further enhanced his knowledge of herbal medicine through reading *Prevention Magazine* and regular visits to a local health food store.

In the i970s Waggoner hit the road in a station wagon that he had converted into a “traveling herb wagon.” Setting up shop at local fairs, flea markets, and festivals, he displayed herbs, tonics, liniments, and some of his books and monographs on a portable table. While making the circuit with his herb wagon, he became acquainted with other herbalists and healers such as Chief Two Trees from Old Fort, North Carolina, who, Waggoner says, taught him a lot about herbs. He gave numerous talks on herbal medicine to various groups, including workshops at the University of Tennessee, Knoxville. He eventually attracted the attention of folklorists, who recruited him to participate in the Folklife Festival at the Knoxville

World's Fair in 1982, which, in turn, led to his participation in the Smithsonian Festival of American Folklife in Washington, D.C., in 1986. Holding a full-time job, raising a family, ministering a church, and work as an herbalist soon became too stressful. Waggoner cut back on his herbalist activities and decided that a book was the best way to share his knowledge with others. In 1984 he published, at his own expense, *The Poor Man's Medicine Bag*.

The book contains information on folk remedies, preventative health care, food recipes, and helpful advice on various domestic activities. It is similar in format and content to the old farmer's almanacs and, according to Waggoner, was written primarily for people who cannot afford official medical services. The introduction to *The Poor Man's Medicine Bag* emphasizes that people are ultimately in control of their own health and can enjoy good health if they only follow the law of nature established by God:

First, let me say that I believe in doctors and the medical profession. Now, let me say that I want to go to heaven as bad as anyone else, but I will take every pill I can take to help me stay longer. This is the will to survive that God has placed in a man. Without it, a person would not want to overcome the second death either. It would be stupid to say that there is no divine healing, just as it would be stupid to say that there is not natural healing which includes the aid of doctors and the medical profession. Go to a hospital and see for yourself. It happens everyday. It doesn't matter whether it is divine healing with God's intervention, or whether it is natural healing with the aid of doctors. God does all the healing. He made our bodies and it would be stupid to say that He cannot heal them. The world in which we live is ruled by the law of nature. This is God's law in which He lets nature take its course except where He would intervene. Nothing can break the law of nature except God.[6]

This passage, as well as much of the health maintenance advice in Waggoner's book, clearly shows the influence of herbalist Jethro Kloss's *Back to Eden*. Kloss, for example, speaks of "laws of health" established by God that, if violated, result in sickness. The laws of health include eating a low fat, high fiber diet, getting plenty of rest, exercise, and fresh air, and avoiding tobacco and alcohol. In the event that humans became ill, Kloss claimed, God "made provision in Nature for all the ills of man" in healing herbs.[7]

The Poor Man's Medicine Bag evinces the influence of folk, official, and popular medicine. Astrological elements are also evident, as in Waggoner's belief that the best time to quit smoking is "when the signs come down out of the bowels" (p. 74). Curing a headache by "rubbing the bottom of the big toes very thoroughly" demonstrates reflexology (p. 7). Color therapy is evident in his advice that "people with violent tempers should paint a room in their house pink . . . and should go to this room to meditate when they feel an out-burst coming on" because the color pink "will calm them down and soothe their tempers and violent natures" (p. 75). Finger acupressure is recommended for curing a headache (p. 7). *The Poor Man's Medicine Bag* contains an abundance of information on both naturalistic and magical remedies drawn from the folk medical tradition of Southern Appalachia. Interestingly, however, Waggoner offers a critical assessment of the efficacy of magical remedies, often with a touch of humor. For example, for headache he states: "Have a seventh son of a seventh son blow into the ear and then take two aspirin" (p. 7). Sassafras, turpentine, and kerosene are mentioned in some folk remedies, but with warnings that these substances are potentially dangerous. Some remedies, such as using chicken blood to cure shingles and putting urine in the ear for earache, are dismissed as amusing curiosities.

Waggoner maintains that official medicine is fundamentally misdirected in that it treats the symptoms of illness, not the cause, and in so doing has led humankind astray from the law of nature. He believes that physicians are less interested in curing people than in making them drug dependent, and that the United States is a "nation of drug addicts." Hospitals are "slaughterhouses" where much unnecessary surgery is performed. In his opinion, official medicine needs a fundamental reorientation centered on understanding the spiritual as well as the scientific dimensions of God's law of nature.

Cancer Doctors

In doing fieldwork on folk medicine in Southern Appalachia, it is not uncommon to encounter stories about people who possessed a secret cancer cure but who, sadly for humankind, took their cures to the grave. We do have information about two "cancer doctors" who treated thousands of

cancer victims: Tom Carter of Scott County, Virginia, and Cicero West of Wake County, North Carolina.

OPEN SORES AND SORES THAT WILL NOT HEAL

Thomas Rauleigh Carter was born April 15, 1875, in Many Sinks, a small community near Hiltons, Virginia.[8] Like most children of his time and place, he received little formal education, going no further than the third grade. He was, however, a literate man who read avidly throughout his life, particularly in the areas of Bible commentary, history, and domestic medicine. Though he is best remembered in Scott County today as a Primitive Baptist minister and cancer doctor, Carter also served as a deputy sheriff, deputy treasurer of the county, local leader in the Republican Party, and licensed midwife. An imposing man who stood six feet, six inches tall and weighed around three hundred pounds, he was by many accounts a great orator in the pulpit and on the political stump.

Carter's role as a cancer doctor began sometime in the early 1900s, when he acquired his skin cancer remedy. Some Scott County residents say he got the remedy from a Native American, but his descendants maintain otherwise. One of his sons, Dale Carter, offered the following account:

> The story that I remember him saying about his cancer remedy is that his uncle had a skin cancer, or they called it "a sore that wouldn't heal." And there was a drummer, a salesman. When they [drummers] traveled from Bristol [Virginia] to Gate City—that was about 30 miles—they couldn't make it here and back in one day. So, they would just stop off and spend the night in somebody's home. This was probably in the early 1900s. Many drummers stayed at Dad's house. This one drummer stopped there one night and they got to talking about this sore that my father's uncle had on his face that wouldn't heal, and this drummer told him what to do to cure it. We don't know who the drummer was. Dad went to Bristol and got the material that the drummer told him to get for the remedy, made it up, and put it on his uncle and, sure enough, it got rid of the cancer.

The uncle's "sore that would not heal" may not have been a cancerous lesion at all, but the successful treatment of it was enough to convince the young Carter that he had come across something of potentially great benefit to others. According to another son, he became convinced of the efficacy of

the skin cancer remedy when he treated himself for a sore on his face that developed where he had been kicked by a mule. He applied the salve, and it "ate away the cancerous growth."

Carter never disclosed the ingredients of the salve to anyone, not even his family, but two of his sons discovered what they were during the founding years of their father's practice. They went with their father several times to a pharmacy in Gate City where he purchased the secret ingredients and the small tin containers used for dispensing the salve. Their high school chemistry courses enabled them to read the assay label on the bottle containing the one active compound: zinc sulfate. The other ingredient was Vaseline Petroleum Jelly, the matrix of the salve. It is very likely that the drummer, or maybe Carter himself, acquired the cancer remedy from reading domestic medicine books. Dr. R. V. Pierce's *The People's Common Sense Medical Adviser*, for example, refers to the use of white vitriol, another name for zinc sulfate: "White vitriol is a valuable disinfectant, as it will arrest mortification. In solution is employed in ulcers and cancers and also as a gargle in putrid sore throat."[9]

By the late 1920s, people outside Scott County began coming to Carter for treatment of lesions they thought were cancerous. His ledgers indicate that the majority of his clients came from southwestern Virginia and upper east Tennessee, but some were residents of Kentucky, North Carolina, Indiana, and Georgia, and, curiously, one came from Mexico. Saturdays and Sundays were his busiest days, when five or more people would often be waiting to see him.

Carter sometimes showed a potential client his collection of fruit jars containing cancers and cancerous body parts soaking in a solution of alcohol, all acquired from people he treated. One jar contained, according to a woman who visited him, a woman's breast, which she described as "shriveled and darkish-purple." He said he showed his collection to clients "for faith for the ones who come and want a cancer taken off; to show them it can actually be done." According to one of his sons, he would put a dab of the salve in one of his eyes to demonstrate that it would not harm healthy tissue. He always asked a client if they had had cancer surgery. If they had, he would not treat them because "the doctors have spread it and I don't know where it is."

The first phase of Carter's skin cancer treatment was done on the front porch of his house. "I can just remember him," one son said, "picking the

place and getting it to bleed. He'd just take a sterilized needle and pick at it to get it bleeding, then he'd put that salve on it. He did this to get the salve into the blood system." After application of the salve, Carter dressed the lesion and then gave the client a tin of salve, which he called a "potent" of medicine, to take home. Clients were instructed to apply the salve and change the dressing every day for a period of ten days.

Reports from those who experienced or knew someone who experienced the treatment all agree that the corrosive action of the salve was extremely painful. Though he preached against drinking, he recommend whiskey to blunt the pain. A Scott County woman, age seventy-five, related her experience: "I had a lump up along my back one time, and he put that salve on it. It come off and never did come back, but, Lord, it hurt like the devil. Couldn't sleep for nothing. Lord, I would never go through that again for nothing. It was the worst pain ever I suffered in my life. It just got to hurting and aching and the place turned black when he put that stuff on it. The place was just as proud (i.e. formation of fleshy projections on a wound); it just flared right up."

According to several accounts, the salve effectively destroyed the "cancer," and after a few days the "core" would fall out. A Scott County resident recalled a neighbor who was treated by Carter for a "knot" on his head that a local physician refused to remove because it was "too near the bone of the head." Seven days following application of the salve, the cancer fell out and looked "like a piece of lean beef, a piece of steak you would fry." Some of the cancers in Carter's fruit jar collection looked like "a small, fried sausage patty." Often a cavity was left, sometimes deep and deformative, after removal of a cancer. One man, for example, looked like "somebody had cut a half-moon out of his nose" after his treatment. Sometimes Carter had to perform minor surgery in conjunction with the salve, as illustrated in the following narrative told by one of his daughters-in-law about a woman who underwent treatment in 1945:

Her name was Georgia and she was very, very pretty. Like many of these people (Carter's clients), she wouldn't go to a hospital. You just went there to die. And she had just, oh, it wasn't as big as a dime and it was right about there (pointing to an area near the throat) on her neck. You could not tell there was any swelling when she first came in, except that it looked real raw and, you know, ugly. But it wasn't big. Pop (Carter) started to doctor that

thing. Well, when that thing came out it was the size of a small apple. Where it came from I have no idea, but it looked like a sponge—a white, spongy type thing. I had to help hold her. She cried, and the pain was excruciating. I was so frightened, but it came out. Now, the scar was hideous.

It is of interest to note that Carter's treatment is similar in some respects to a micrographic surgical technique still used by dermatologists for removal of skin cancers. The Mohs in situ tissue fixative technique employs zinc chloride instead of zinc sulfate and, unlike Carter's treatment, involves careful excision of the fixed tissue and the preparation of microscopic slides for determining if a growth has been entirely removed.

An analysis of Carter's ledgers for the years 1937-40 and 1953-56, which represent the most complete record of client information, indicate that he treated 458 clients. As noted by his sons, however, he and his wife sometimes neglected to record in his ledger every person he treated. For the years examined, the fee charged for his services ranged from fifty cents to $40, and averaged $6.61.

In the early i950s, Carter was sued for practicing medicine without a license by a surgeon in Kingsport, Tennessee. Family members say the suit "never made it to court" because a district attorney in Virginia, whom Carter had successfully treated for skin cancer, ran interference on his behalf. The experience frightened him enough to shut down his practice for a while, but one of his sons said that "people would not leave him alone," and he "couldn't turn them away." Carter, and later his wife, when he became physically disabled late in life, continued dispensing the salve until his death in i963 at the age of eighty-eight.

GOD SENT HIM TO HEAL PEOPLE

Cicero West of Wake County, North Carolina, treated thousands of people for skin cancer, internal "cancerous growths," and other diseases from the early 1900s until his death in 1942 at the at of ninety-two.[10] Little is known about West's early life, when he worked as a small-scale farmer and held various blue-collar jobs. Considering that he was born in 1850, it is doubtful that he had much formal education. Local residents referred to him as Dr. West, and he claimed that he attended a medical school for a while, but there is no evidence that he did. He also claimed that he obtained

special healing powers from eating “wild meat” in India. Many people described him as a “good-hearted,” generous man whom, according to a resident of Wake County, “the Lord sent to cure people.”

Prior to his emergence as a cancer doctor, West was locally known as a wart doctor, bloodstopper, herbalist, and lay veterinarian, and for his unique method of treating a toothache, which was often performed telepathically. Once informed of the name and location of the sufferer, West would close his eyes, concentrate on the person, and slip into a trancelike state. As he transferred his healing power to the sufferer, he would begin shaking and eventually fall down on the floor, writhing as though having an epileptic seizure. When he came out of the trance, the toothache would be cured.

West’s skin cancer treatment, which he called “snakegrease,” was made from butter, sugar, and eggs. It was also useful for hemorrhoids, sores, and venomous animal bites. His treatment of internal cancer was more complex, involving the ingestion of a tonic and blood purifier and adherence to a strict dietary regimen. Though the exact formula for the tonic was never disclosed to outsiders, people who collected botanicals for West said it included sweet gum, birch, wild cherry, and black gum bark and the leaves or roots of feverweed, boneset, bloodroot, blackroot, and darkweed. These and other materials were placed in a kettle, covered with water, and then boiled down to a viscous solution. His blood purifier was made of cream of tartar, grated block magnesium, and sulfur. His dietary regimen, which centered around eating little fat and a lot of protein and carbohydrates, entailed exclusive consumption of sweets, lean pork, chicken, tomatoes, cucumbers, and soft drinks. His therapeutic objective was to clean the body of poisons that caused the cancer and to force cancerous growths out of the body through defecation or vomiting. Sometimes a cancerous growth burst out of the skin of his clients. According to one story, West treated a lawyer from Greensboro, North Carolina, who had been diagnosed with terminal cancer. He took the man into his home and treated him for three months when one day the man’s side burst open “shooting a green smelly mess to the ceiling.” West’s treatment had successfully expelled the cancer, and the man was cured. Like Tom Carter, West kept a collection of jars containing cancers he had removed from clients. Oral history accounts maintain that the lawyer later expressed his appreciation to West by preventing a suit filed against him for practicing medicine without a license from making it to court.

West had a simple and unusual method of diagnosis. Peering through the bottom end of a glass tumbler, he would pass the tumbler across a client's body to view the operation of the organs and blood flow and identify the location of cancerous growths. Legend has it that his glass tumbler method frequently produced the same diagnosis that clients had previously received from a physician.

As with Tom Carter and the herbalists discussed earlier, West's clientele came from far beyond his local community. Drawn by word of mouth, people came from Alabama, South Carolina, Tennessee, Virginia, Georgia, Kentucky, Florida, West Virginia, Maryland, Ohio, Indiana, and New York. On occasion he would attend to two to three hundred clients a day, working from eight in the morning until eleven o'clock at night, even when he was in his eighties. Though West is best remembered as a cancer doctor, his clients presented him with a variety of illnesses, and he apparently turned nobody away. He charged nothing for diagnosis and little and sometimes nothing for his treatments. It was widely believed that he never accumulated much wealth from his cancer doctoring, and that he gave away much of what he earned.

Faith Healer: Look into My Eyes

Many people in Southern Appalachia, and some from outside the region as well, have come to the small town of Unicoi in upper east Tennessee to be healed by Mary Lou Clark.[11] Since the late 1960s, Clark has healed people of everything from chronic headache to cancer. She is a faith healer in the sense of serving as an instrument of God's healing power, but her diagnostic and healing methods are unorthodox in the context of the faith healing tradition of Southern Appalachia. Many residents in Unicoi say they are bizarre or evil.

Clark was born in Johnson City, Tennessee, in 1932. Prior to answering the call to serve as a faith healer, she devoted her life to raising three sons with her husband, a construction worker and farmer. Looking back on her early life, she identifies two events that foretold God's selection of her as a healer. The first was a near-death experience at the age of nine, when she almost drowned in a lake during a family outing. In Clark's view, however, this was an episode of death and rebirth. The second event occurred a week

later, when she was awakened in bed one night and saw Jesus standing before her:

He come in that white robe like it shows and his arms was out and I done my arms out like that, and he says —he's coming toward me —and he says, "I want you to do something for me." And I said, "well, what can I do for you?" I knowed he had everything, you know, and I said, "what can I do for you?" He said he'd let me know later. And it was real! Just as real as you talking to me! And I was sitting up there and I thought, my goodness, that's Jesus telling me he needs me to help him and I didn't know what to do for him. Heck, I just, you know, I was there. Course, I was goin' to church and everything, but I was wondering what he needed. Later on, I figure out that he wanted me to heal people.

God's plan for Clark unfolded gradually and imperceptibly. When she was eleven, she visited a girlfriend who was "down with the double pneumonia fever." Shortly after the visit, the girlfriend returned to school. She later told Clark that she had experienced an overwhelming sensation of feeling better when Clark visited her. A year or so later, a woman in Clark's neighborhood was suffering a slow, agonizing death from cancer. "You could hear her a block away screaming," Clark said, and "something just kept telling me to go down there and sit with her, talk with her, 'cause I knew somehow that I could make her feel better." She tried but was not allowed to visit the woman, because "I was just a little girl and they wouldn't let me see her."

Several years later, during her late teens, Clark became aware that she was "picking up" the symptoms of other peoples' illnesses. When she encountered someone with a headache, for example, her "head would start pounding real bad"; if she was near someone with a backache, she would get a backache. Her health deteriorated, and her mother took her to several doctors who found nothing wrong with her. Eventually, she met a woman who told her, "You can heal people, that's what's wrong with you." "You got to do something about that," the woman said. "Get rid of their pain and your pain will leave."

Following the woman's advice, Clark began experimenting with people whose symptoms she took on. One of her first experiences was with a relative who had a headache. She placed her hands on his head, and his

headache went away. She treated other relatives and friends for various maladies by holding their hands or placing her hands on the afflicted area. She later developed the technique of staring into a person's eyes because on occasion she encountered a demon in a client's body that she engaged in a physical struggle with: "See, when the demons comes in me (from another person) and starts a pullin' if I'm holding their hands, they'll get onto my wrist and the other person's wrist and they'll just try to pull us apart and they'll just be a doin' and, boy, you'll just have to work, work, work to keep together, you know, till the thing leaves you. But I found out that I could sit and look at you and it leaves you without all the wrestling and fighting."

Mary Lou Clark's role as a faith healer evolved out of a fortune-telling business she started in her late thirties. Following a fortune-telling session with a deck of cards, she would ask people if they suffered certain symptoms that she empathically sensed. If they responded affirmatively, she would inform them that she could offer relief by having them stare into her eyes. Over the years, as her reputation as a healer spread, people began coming to her more for healing than for fortune-telling. "It (healing) ruined my fortune telling business," she said. "Everybody got afraid and quit coming." Although some people in her community have accused Clark of practicing witchcraft, in her view she is "doing God's work," and she stresses the fact that she does not charge for healing. She will, however, gladly accept any compensation offered.

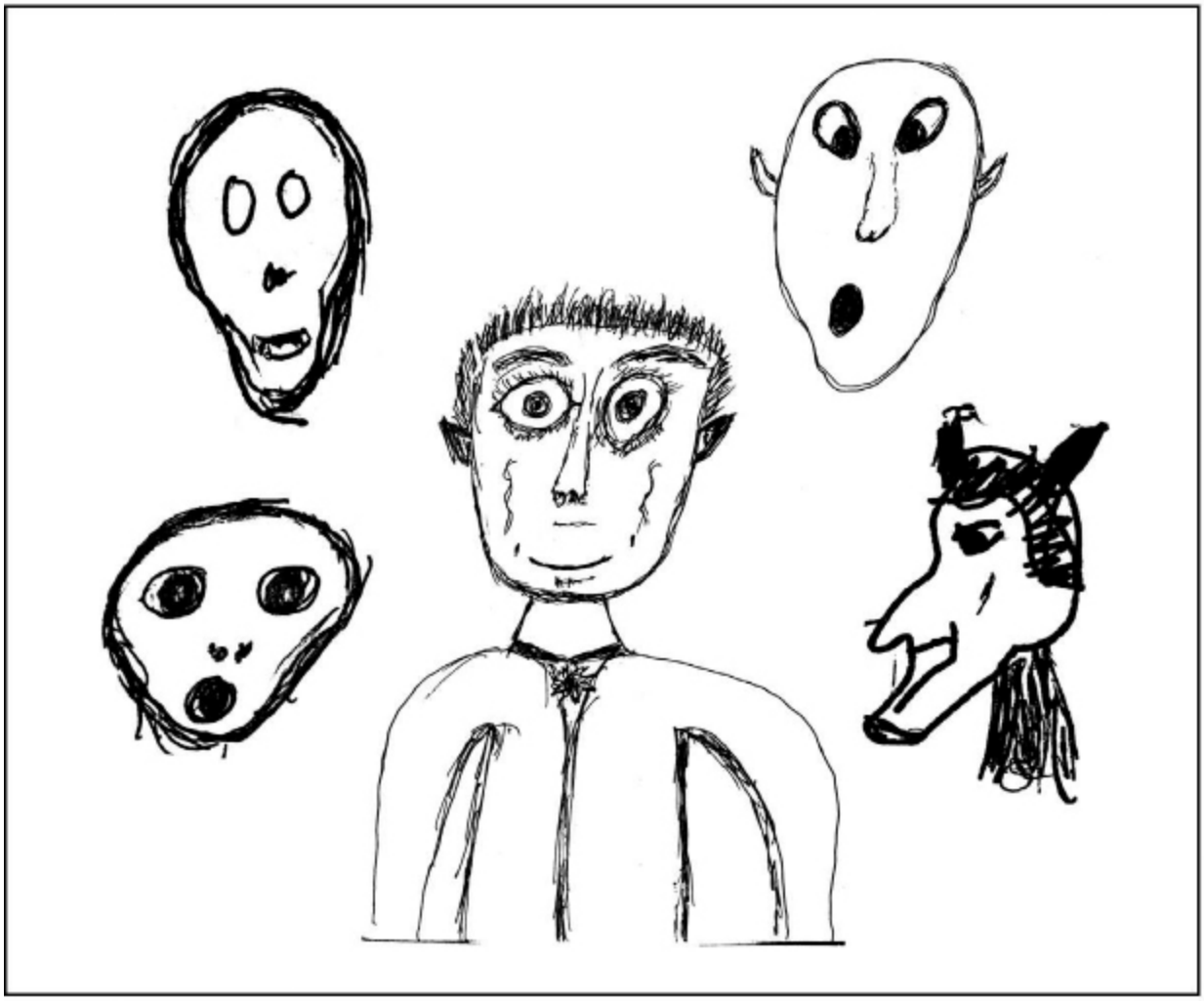
Clark's etiology of illness is simple: she believes that nearly all illness is caused by demons or witchcraft. Though she attended a mainline Presbyterian church while growing up, her belief in demonic beings was planted by Jehovah's Witnesses who informed her and her family through home instruction sessions about the numerous incidents in the Bible in which Jesus healed the sick by freeing them of unclean spirits. In Clark's view, demons are everywhere, "riding" the air looking for victims. They can invade a person's body anytime, but there are occasions when people are spiritually and physically more vulnerable. One is spiritually vulnerable when thinking and behaving in ways dissonant with Christian values; one is physically vulnerable during radical temperature changes in the body caused, for example, by exposure to a blast of cold air and fluctuations in temperature brought about during the change of the seasons. Clark believes that there are more witches around than anyone would suspect, and that the

Devil has been especially successful in luring people into the practice of witchcraft in recent years because of increased moral decay.

Clark's healing sessions entail having clients look into her eyes, during which time they see her face transform into a variety of hideous, monstrous forms. Frequently, a client will see blue water pouring out of her eyes. She maintains that these are manifestations of a demon that is attempting to frighten the client. As the demon is transferred from the client into Clark's body and then eventually expelled into the air, sometimes in the form of a beam of light that ricochets off the walls, both the client and Clark burp uncontrollably. If the client's problem is related to witchcraft, the person will see Clark's face transform into the image of the witch who is the source of the hex or curse. More often than not, the image that appears is that of a relative, friend, or neighbor. The hex is broken and health restored by simply identifying the source of the hex.

Observations of Clark's healing sessions by the author indicate that she is a master hypnotist capable of inducing a deep, trancelike state in clients. Clients describe the trance as characterized by an initial blurring of vision that gradually dissolves into a field of gray and ultimately becomes a black void, after which a host of images appears, sometimes at Clark's coaxing. Sometimes these images (of people and various objects) are associated with memories of the recent and remote past that conjure up emotions of sadness, happiness, fear, and anger. In one sense, Clark takes clients on an excursion into their subconscious minds. A healing session ranges in time from a few minutes to three hours.

Following a healing session, Clark asks clients to record their experiences in a journal. Over the years, she has accumulated some twenty-five journals containing hundreds of testimonies. An example is the testimony provided by a woman from Marion, North Carolina, recorded in a 1981 journal: "I came here, had at least two or more ribs broken or cracked. Mrs. Clark kept looking at me and they would burn like a real hot cloth laying on them, then would cool down. This happened four or five times. I could hardly breathe when I came here, but I can breathe good now. She also healed my head. I have the headache all the time. I kept looking at her and she faded away and then came back again. She looked real angry at me and she looked like my husband's grandma. She kept getting real dark and looked dark, especially around the eyes but I feel fine now."



Drawings of demons from testimony journals of Mary Lou Clark, 1980s and 1990s. (Courtesy of Mary Lou Clark)

Another testimony was sent by mail to Clark from a woman in Erwin, Tennessee, in 1981. This one is interesting because it demonstrates that Clark sometimes does her healing work outside the home, in this case the local health department. “While sitting at the health department on Thursday, September 3, 1981, Mrs. Clark asked, wasn’t my head hurting and I told her yes. So she stared at me in my eyes for two or three minutes then my head sort of popped inside and felt like something flipped and then she asked me about what I was feeling. By that time my headache left. She really flipped me out.”

An analysis of testimonies recorded in Clark’s journals for 1990 and 1991 show that she treated a total of 222 clients. (This figure, however,

does not include those who refused, for various reasons, to provide a testimony.) Most of the clients were from Tennessee, Virginia, and North Carolina. Others resided in Kentucky, Florida, Maryland, Pennsylvania, and South Carolina. The large majority of her clients were women (179, or 81 percent). Of the 293 illness complaints presented to Clark during the two-year period, headache ranked first in frequency, followed in descending order by nerves, arm/wrist/hand pain, backache, stomach pain, and a host of other maladies. The typical client during the two-year period was a woman suffering from stress-related disorders who had relationship problems with a husband or boyfriend. These problems included suspicion or knowledge of infidelity, excessive drinking, physical abuse, and abandonment.

June 9-1999

Erwin, TN 37650

I had been having problems w/a soar throat & scratchiness. Also ~~@~~ I had been losing my voice. I saw Richard's face in Mary Lou's & I felt like he hated me & wanted me to suffer. At times it felt like he might be crying & like it hurt him to even look at me. Afterwards, my throat felt better. What felt the best though was just feeling validated like I wasn't crazy & all of this really was happening.

While looking into Mary Lou's face Amanda saw a man w/the mustache although he was very reluctant to let her see his entire face. His hair was getting darker & then started fading away again. She said that it was a struggle to try & see him until all she could see was mary Lou's mouth very dim. She then saw what she described as a photograph was in reverse and unable to identify it. She then saw a skull & everything went black except for an eye then she started itching

Client and witness testimonies from journals of Mary Lou Clark. (Courtesy of Mary Lou Clark)

Clark's visibility has increased in recent years through stories on her healing work that have appeared on television news programs, including a CBS affiliate in Nashville, and in local newspapers. One adoring client who was healed by Clark wrote and published at her own expense a biography of Clark's life that contains several client testimonies. Another client who was successfully treated for a heart condition said she is writing a book about the experience that will probe more deeply into Clark's God-given gift for healing.

Native American Healer: Medicine Man in the Modern World

Situated on a quiet residential street that runs parallel to Chickamauga Creek in Chattanooga is the Ani-Kwata Ni Mission.[12] In the front of the small frame house that serves as the mission center a U.S. flag with a picture of a Native American in the center is flown. Behind the house is a circular fire area lined with rocks and two canvas-covered structures, one in the shape of a tepee and the other a dome, which are used for sweating (spiritual purification) rituals.

The Ani-Kwata Ni Mission is directed by its founder, Mark Norman, a firefighter with the Chattanooga Fire Department. Norman is a mixed-blood Cherokee known in Native American circles by the name Uguku JiGiGaGe, or Red Owl. Norman discussed the purpose of the mission in an interview:

It's a place for people who are on the same spiritual path that I am. It's a place where we can meet and come together and share ideas. It's a place where people can get ceremonies, where they can get healing herbs, and where they can get spiritual counseling. We have ceremonies as needed. If someone feels impure, we have a ceremony or ritual for spiritual purification and cleansing. I try to teach children about Native Americans in U.S. history. I also speak at some of the schools here in Chattanooga. Many of the students I have spoken to come here to the Mission for advice and counseling. Some come here for ceremonies. Our major objective at the Mission is to provide a bridge between the past seven generations that have

gone and the future seven generations that are yet to come, and do this in the ways of the ancient Ani Yunwiya (Cherokee).

The Ani-Kwata Ni Mission is an outgrowth of Norman's personal spiritual journey, which he views as constant and never-ending, and his work as a *leku* (ceremonial leader) and herbalist. His spiritual journey was prompted by an illness episode during military service. Norman believes that while stationed in Germany in April 1986 he was exposed to toxic levels of radiation from the Chernobyl nuclear disaster and that this exposure led to the development of a highly debilitating illness that army physicians were unsuccessful in diagnosing. He was discharged from the army with a 30 percent medical disability. Further consultations with physicians after his discharge brought no relief, and the medical bills kept piling up, leading eventually to a Chapter 13 bankruptcy. It was at this juncture in his life that Norman began to explore alternative healing, starting with Native American medicine and herbalism. He firmly believes that this decision was guided by "the Spirit of my Native American ancestors, telling me that this was the path I should put my feet on, and that they would help guide me along the way." The spiritual path he followed involved extensive instruction with numerous Native American healers within and outside the Cherokee cultural tradition, some of whom he sought out and others who came to him, all arranged, he believes, by ancestral spirits. His spiritual growth continues today through Native American healers who come and spend time at the Ani-Kwata Ni Mission.

In conjunction with his development as a *leku*, Norman explored the botanical traditions of his Cherokee and Scots-Irish ancestors and read widely in the popular and scientific literature on herbal medicine. The Ani-Kwata Ni Mission has an herb garden and a well-stocked supply of dried herbs and tinctures ready for dispensing to those in need. Additional herbs are gathered in the surrounding mountains. Norman classifies herbs into two basic categories: nutritional and medicinal. "You can't get enough of the nutritional herbs," he says, "because they are a powerful preventative medicine." Like other popular herbalists, he recommends eating a lot of garlic because "it serves the same function for the body that 'Slick 50' (a commercial lubricant) does for a car engine." Turmeric, he says, helps convert bad cholesterol into good cholesterol. Norman's thoughts on medicinal herbs indicate more than a passing familiarity with the scientific

literature. Consider, for example, his perspective on the use of elder flowers, yarrow, and peppermint for viral infections like a cold or flu:

When you combine these herbs together, the bioactive constituents that you get will take off the sharp edges of the spurs on a virus. The virus has a sharp spur that digs into the wall of the cell and creates a small opening that the virus can wiggle through. The bioactive constituents of the herbal mixture will dull the point in the virus so that it can't get through the cell wall so quickly. By having a dull point, it causes more irritation to the cell, and the more irritation the cell receives, the more information it sends to the immune system for help. But if you wait until the virus is inside the cells, the compound won't do you any good. Then you will have to go to other medicinal herbs such as goldenseal, wild cherry bark, and slippery elm bark.

Many of the people who come to the Ani-Kwata Ni Mission for health care are not Native Americans. According to Norman, people from all walks of life and many different ethnic groups find their way to the mission. One thing they have in common is dissatisfaction with official medicine. While Norman believes physicians treat symptoms rather than causes, he also believes people are fundamentally at fault for not being responsible for their own health. His approach is centered around counseling clients about their lifestyle and spiritual life rather than providing them quick relief of symptoms. He explained his approach in an interview:

A lot of people have problems and don't realize that they are spiritual in nature. A lot of people have problems of drug addiction or alcoholism. They were put into this state by negative forces that attach on a spiritual level as well as on the physical level. People can be afflicted in the spirit. I know that all spirits can be affected by one of the five elements: earth, fire, water, wind, and void. All herbs and other medicines also respond to one of these five elements on an energy frequency level. Herbs can be used, therefore, to treat spiritual problems. The natural state of the body is health. If you are living in a natural way, you shouldn't get sick. On a long term basis, correcting any health problem requires a change of lifestyle, which is hard for most people.

Mark Norman is quite different from the conventional Cherokee healer, known as a “conjurer” or “medicine man.” The conjurer works in a clandestine manner. He not only treats illness but finds lost objects, restores lost affection, brings harm to enemies, and provides other services as well. His three basic tools are burning tobacco, recitation of “sacred formulae,” and use of herbs. In contrast, Norman’s healing ceremonies, which incorporate the Lakota pipe ritual and tepee, appear to be largely borrowed from the New Age Pan-Indian concepts of the 1960s. His healing philosophy is premised on the traditional Cherokee principles of maintaining spiritual purity and living in harmony with nature and the spirit world, but he departs from the traditional conjurer in his emphasis on self-responsibility for health maintenance, with particular regard to nutritional awareness and stress management. Furthermore, his knowledge of herbal medicine far exceeds that of the typical Cherokee healer. He uses medicinal plants unknown to the Cherokee and Southern Appalachian botanical traditions, and his rationale for the use of medicinal plants, except for a few used for spiritual healing, is firmly grounded in a plant’s pharmacological activity. Norman’s healing philosophy reflects his fundamental belief that healing systems must change in accordance with changing times: “Things are different. The spiritual realm is different. The physical realm is also different. Ceremony has evolved.”

Folk Healers in Historical Perspective

The healing philosophies and modalities revealed in these folk healer profiles, including that of herbalist John Warner presented in Chapter 3, are rooted in the folk medical belief system of Southern Appalachia. However, the incorporation of elements from other health belief systems by some of these practitioners broadens our understanding of the unofficial health care sector and medical pluralism in Southern Appalachia, showing clearly the dynamic interaction of folk medicine, popular medicine, and official medicine that has been evident in the region since the late nineteenth century.

The profiles reveal two paths to becoming a folk medical practitioner. For some it was a gradual and informal learning process. Cicero West, for example, served as a wart doctor, lay veterinarian, toothache doctor, and bloodstopper for several years before he became a cancer doctor. Tim

Waggoner learned about medicinal plants early in life through observing their use in his family and community and through an apprenticeship of sorts with an old "mountain man." Significantly, however, the profiles also illustrate the acquisition of knowledge from printed sources. Both Tim Waggoner and Mark Norman increased their knowledge of botanical medicine and other health belief systems through reading popular and scientific literature.

The other path to becoming a folk medical practitioner is illustrated by Mary Lou Clark, Clarence Gray, and Mark Norman. Each was "selected" by a supernatural agent for the healer role. The selection was manifested initially in a near-death or severe illness experience, a pattern common to the process of becoming a healer or shaman in cultures around the world.[13] Clark almost drowned and was subsequently visited by Jesus, who informed her of her future role as a faith healer. Gray had heart disease and was "told by doctors" that he was "near death." While in the woods one day he encountered an angel sent by God in the guise of a Native American, who gave him knowledge of specific plants to use to heal himself. Norman's debilitating illness, possibly caused by radioactive fallout from Chernobyl, led to his investigation of Native American medicine and his eventual selection as a *leku* by ancestral spirits.

The historical transformation of the folk healer role in Southern Appalachia in some ways represents an adaptation to a changing health care environment, illustrating the process of role adaptation.[14] Improved access to official medical services, as well as the increased presence of alternative health care practitioners in the region (such as chiropractors, reflexologists, and homeopaths), prompted these folk healers to modify their therapeutic approach. Whether out of a desire to modernize or in an effort to compete more effectively with other providers, they have incorporated elements of biomedicine and various alternative health belief systems into their therapeutic regimens. Waggoner's *Poor Man's Medicine Bag*, *for* example, is a mixed bag of folk medicine (home remedies, astrology, and magical beliefs and practices) and popular medicine (aromatherapy, color therapy, acupressure, and stress management). Warner provides iridology readings. Norman's therapeutic approach combines elements of Native American spiritualism, biomedicine, preventative medicine, and various strains of botanical medicine.

Role adaptation also entails disingenuous image management, as in the case of Dr. Caldwell and Dr. Fields. Donning a white coat and stethoscope, using the title “Dr.” though neither, in fact, possesses a medical degree, providing clients a waiting room with Muzak playing in the background, and having a receptionist on hand are all techniques employed to present themselves as physicians or at least their authoritative equivalents.

Another aspect of role adaptation illustrated in the profiles is the use of promotional techniques. Cicero West and Tom Carter conducted their practices inconspicuously to avoid legal entanglements associated with practicing medicine without a license. Like most folk healers of the past, they depended on word of mouth to recruit clients. Caldwell and Fields also maintain low visibility and are careful to avoid legal entanglements in their consultations with clients. In contrast, Waggoner, Clark, Warner, and Norman use a variety of techniques to enhance their visibility. Waggoner, for example, promoted his healing philosophy through his radio program, a book, lectures, participation in a World’s Fair and the Smithsonian Folk-life Festival, and a traveling “herb wagon” prior to his semiretirement as an herbalist a few years ago. Clark has been covered by television news programs and newspapers and has given presentations at a local university. She actively promotes the sale of a biography written by a devoted client. She enthusiastically welcomes such exposure as a means of recruiting clients. Norman is frequently called upon by a variety of groups to give presentations on Native American medicine and culture and herbalism. Gray produced a newsletter for clients and enjoyed having his visibility enhanced by a film made about his life and work. Warner maintains an herb mail order service on the Internet, which he also uses to promote and sell his books and videos, regularly gives talks on herbal medicine, and conducts medicinal plant tours each spring near Crossville, Tennessee.

America’s long-standing fascination with Native American medicine is evident in these profiles. Gray encountered a Native American angel that cured him of heart disease. He claimed that his great-great-grandfather acquired knowledge of botanical medicine from Native Americans, and that this knowledge was passed down through the generations in his family. This bit of family lore, whether true or not, no doubt suggested to some of his clients, just as it did for the clients of white men referred to as “Indian doctors” in the nineteenth century, that Gray possessed extraordinary knowledge of medicinal plants. Waggoner says he learned a lot about

herbal medicine from workshops conducted by the recently deceased folk healer, Chief Two Trees of Old Fort, North Carolina. Though Carter's descendants are quite adamant in their belief that he obtained his cancer remedy from a drummer, stories about his obtaining it from a Native American still circulate in Scott County, Virginia, today. The enduring mystique of Native American medicine is also apparent in the fact that a substantial portion of Norman's clients are whites and blacks.

Not surprisingly, the profiles indicate a conflictual relationship between folk healers and official medicine. West and Carter had brushes with the law for practicing medicine without a license, but they were able to avoid prosecution, according to local legends, through the intervention of former clients. The folk healers' unfavorable perspective of official medicine, ranging from relatively mild and circumspect to outright hostile and vituperative, exhibits themes long voiced by alternative healers in the United States.[15] Gray, Waggoner, and Caldwell, for example, believe physicians are driven more by avarice than by a genuine desire to heal. From their perspective, it logically follows that physicians are inclined to prolong illness, perform unnecessary surgery, and promote drug dependency. Even physicians not motivated by greed are thought to be at fault because they treat the symptoms of illness, not the cause. This disparaging view of the medical establishment has long been shared by the American public, and it accounts, in part, for why so many Americans are attracted to alternative medicine.

Folk healers in Southern Appalachia have adapted to an ever evolving health care environment over the years through the addition of knowledge from other health belief systems and the employment of various techniques to promote their healing philosophies and recruit clients. The profiles also reveal, however, the persistence of Southern Appalachia's folk medical tradition over time. Gray, for example, was a advocate of the theory of autointoxication as a primary cause of illness, as are Caldwell, Fields, and Warner. The region's botanical medicine tradition is clearly evident in the practices of Gray, West, Waggoner, Warner, and, to a lesser extent, Norman. Clark's belief in demons as active agents in the cause of illness and other misfortunes, though certainly not shared by the great majority of Southern Appalachians today, is nonetheless grounded in a fundamentalist strain of Protestantism long present in the region.

Though much has changed, folk healers remain as viable alternatives to official medicine in Southern Appalachia. Bloodstoppers, wart doctors, thrush doctors, and burn doctors are still around, but their presence has faded considerably. Granny midwives have vanished altogether due to the medicalization of midwifery. The old yarb doctor role, as seen in the profiles, has undergone significant transformation through the role adaptation process. Though evidence is lacking, it is likely that cancer doctors are still present in the region. The medical establishment and regulatory agencies tend to focus on the bold and flamboyant purveyors of alternative cancer therapies like laetrile, krebiozin, macrobiotic diet, and psychic surgery. Low-profile cancer healers like West and Carter are essentially hidden from view, though both had encounters with local medical authorities. As discussed in Chapter 2, the population's belief in faith healing has been and remains strong, but the use of faith healers has been greatly exaggerated. Nevertheless, faith healers are present and must be considered along with other folk healers in understanding the folk medicine component of medical pluralism in Southern Appalachia. Viewed individually, folk healers appear to be anomalous players in the health care system of Southern Appalachia today. Viewed collectively, however, their impact on the system has been and remains profound and cannot be ignored.

CHAPTER 6

Contemporary Perspectives on Folk Medicine in Southern Appalachia

The persistence of folk medicine in the face of dramatic improvements in the provision of and access to official medical services since the Second World War is a matter of considerable concern to health care providers, who worry about the iatrogenic effects of folk remedies and the potential problem of complementary use of folk materia medica that may neutralize or adversely interact with prescribed medications. Some providers fear that Southern Appalachians believe more in the efficacy of folk medicine than in official medicine, and that by the time these misinformed individuals eventually present their illnesses to providers, there may be nothing that can be done to help them. Aside from the dangers of medical self-care, many providers are concerned about the population's reliance on folk healers who do far more harm than good. Finally, providers are aware of how some folk medical beliefs cause unnecessary fear and anxiety among clients.

The first in-depth studies to address these concerns were done in the 1970s, not on populations residing in the region but on Southern Appalachian migrants in the North. Ellen Stekert examined traditional beliefs and attitudes related to prenatal, neonatal, and infant care among a group of eight indigent women migrants in Detroit who came from rural communities in Tennessee, Kentucky, and Virginia.[1] These informants "revealed both knowledge and application of a wealth of southern mountain folk remedies" and, furthermore, "displayed an intense respect for the home cure and a disdain for anyone—;especially city people—who 'give in' and go to doctors."[2] Stekert identified the potentially harmful effects of some of these remedies, such as taking turpentine internally for a cold, which may cause chemical pneumonia, and ingesting baking soda for heartburn during pregnancy, which may result in toxemia. She found that bold hives, as

Virginia Pruitt documented in 1964,[3] was a folk illness and not urticaria, and that some of the remedies used to treat it were deleterious. Her informants expressed the belief that faith in God is the most important factor in curing illness, and many believed strongly in faith healing. They used magical cures like “measuring” to cure asthma and sliding scissors down the back to stop a nosebleed.

Anthropologist John Friedl’s study of the health beliefs and practices of Southern Appalachian migrants in Columbus, Ohio, involved extended interviews ranging from two to six hours with a nonrandom sample of 133 individuals representing 106 households.[4] Though not indicated, it is likely that a substantial portion of the informants were like many other Southern Appalachians targeted for study by social scientists in the past: indigent, unskilled, and undereducated. Friedl notes that he and his associates anticipated finding extensive use of folk remedies among their informants, but the results of their investigation did not bear that expectation out. The discrepancy between Stekert’s and Friedl’s findings about dependence on folk medicine among Appalachian migrants is likely attributable to Stekert’s small informant sample. Some of Friedl’s informants reported using folk remedies back home but said they discontinued their use once they settled in Columbus. Friedl attributes the discontinuance of folk remedy use to the easy access to over-the-counter medications in the city and lack of access to folk materia medica such as medicinal plants. Most of the informants believed in some form of faith healing, and some said they had sought help from a faith healer in their native communities. Those who had used a faith healer reported both satisfactory and unsatisfactory results. Regrettably, no information is provided on the kind of faith healer consulted nor the kinds of illnesses treated.

Judith Bolyard’s *Medicinal Plants and Home Remedies of Appalachia* (1981) is the first in-depth investigation of Southern Appalachia’s botanical medicine tradition. Based on interviews Bolyard did in the late 1970s with forty-five residents of nine counties in southeastern Kentucky and twenty-two oral history interviews archived at Alice Lloyd College in eastern Kentucky, the book documents the medicinal uses of ninety plants. Also included is information on the larger historical context of the use of each plant, its medicinal uses in comparison to other populations in the United States, and an evaluation of its known pharmacological activity. The primary objective of Bolyard’s investigation “was to preserve medicinal

folklore and home remedy information," which in her estimation was "destined to be irretrievably lost to future generations."[5]

E. Raymond Evans, Clive Kileff, and Karen Shelley's monograph, *Herbal Medicine: A Living Force in the Appalachians* (1982), is based on ethnographic research done in an area encompassing parts of southeastern Tennessee and northeastern Georgia. The authors identified four types of herbalists practicing in the area: family practitioner, practitioner herbalist, professional herbalist, and institutional herbalist.[6] Individual profiles illustrating each type of herbalist address such topics as healing philosophy, becoming an herbalist, attitude toward official medicine, and herbalist clientele. The first three types can be classified as folk medical practitioners in that they acquired their knowledge of medicinal plants informally through the local oral tradition and reading. The two professional herbalists profiled, Dr. Caldwell and Dr. Fields, were discussed in Chapter 5. In contrast to Bolyard's perspective, Evans, Kileff, and Shelley maintain that the botanical medicine tradition in Southern Appalachia is "a living force," a viable health care alternative, but as a case study their investigation provides no information on the magnitude and contours of this force for the region's population as a whole.

Without doubt, the most comprehensive study of botanical medicine in Southern Appalachia is John Crellin and Jane Philpott's two-volume work, *Herbal Medicine Past and Present* (1990). Volume 1, *Trying to Give Ease*, examines the life history, healing philosophy, and practice of the recently deceased herbalist A. L. Tommie Bass of northern Alabama. His life history is presented in the larger historical and contemporary context of folk medicine in Southern Appalachia. Volume 2, *A Reference Guide to Medicinal Plants*, contains monographs on some 250 plants. Each monograph presents Bass's commentary on the plant's medicinal uses, past and present, as well as information on the history of its use in official medicine. This volume will be a standard reference source on botanical medicine in Southern Appalachia for years to come.

Bass was a highly intelligent man who possessed an abundance of knowledge about botanical medicine that he acquired from both oral and printed sources. Many people from all walks of life and from near and far sought his counsel. Of particular interest here, however, is Crellin and Philpott's observation on the use of botanical medicine by ordinary people. Drawing on information obtained from interviews with twenty-six

informants (age sixty-five and older) in Bass's community, they conclude that "while many people in this age group in the Appalachians occasionally employ herbs, most use relatively few, perhaps only yellowroot, sassafras, catnip, and poke," adding that "less faith in herbs (often none) is found among the generations born in the Appalachians during the 1930s and 1940s."[7]

Two physicians, Cheryl Cook and Denise Baisden, administered a questionnaire designed to obtain information on the use of folk materia medica to 170 patients who attended three urban and three rural primary care clinics in West Virginia.[8] The questionnaire consisted of a list of sixty-one materials, and respondents were asked to indicate if they had used any of them in the previous twelve months. Eighty percent (124) of the respondents indicated that they had used at least one folk remedy during the specified time frame. There was no significant difference in use between urban and rural respondents, 70 and 76 percent respectively. Of particular interest is the finding that 96 percent of those age thirty-five and younger had used at least one folk remedy, as compared to 67 percent for those age fifty and older. Cook and Baisden speculate that the higher rate of use among the younger group reflected the "current popularity of the 'health' and 'nature' movements."[9] The lower rate among the older group was attributed to the respondents' concern with folk remedies interacting adversely with their prescription medications. The average rate of folk materia medica use among the 124 respondents was 4.46 per respondent. Women reported a slightly higher rate of use. The fifteen most frequently reported materials were, in descending order, salt, baking soda, aloe vera, sweet oil, honey, horehound, peppermint, alcoholic beverages, lemon, vinegar, turpentine, yellowroot, catnip, witch hazel, and onions. As discussed in Chapter 4, all of these materials, except aloe vera, have an extensive history of use in Southern Appalachia. Unfortunately, the investigators did not gather information on the specific use of these and other materials reported, indicating only that twenty-one respondents reported using folk remedies for high blood pressure, diabetes mellitus, arthritis, infections, anemia, nail punctures, and prostatic disease. Another significant finding of this study was that patients "were consulting a physician while simultaneously using their own remedies to treat both minor and serious illnesses."[10] Though the study is highly informative, it must be kept in mind that Cook and Baisden's findings are biased in that

they are based on information obtained only from individuals who attended a clinic. Nevertheless, the study documents the persistence of folk medicine in the region.

Physician Forrest Lang and his associates conducted a survey on folk medical beliefs and practices in Roan Mountain, a rural community in upper east Tennessee that had no hospital or clinic located nearby.[11] Prior to the recent arrival of the community's only physician, patients had to travel a half hour to access medical services. The survey interviewed representatives of eighty-one households, "usually the oldest woman." Three patterns of folk medicine use were identified among the respondents: those who "expressed strong belief in the use of folk remedies" (thirteen respondents, or 16 percent); those who used folk medicine moderately and only for mild conditions (fourteen respondents, or 17 percent); and those who reported using folk remedies in the past but no longer used them (sixteen respondents, or 20 percent). Thirty-nine respondents (47 percent) said they had never used folk remedies. A variety of responses was given to the question "Why do people become ill?," including cancer, bad diet and lack of exercise, heart trouble, environmental sprays and pollution, and smoking. Religious explanations for the cause of illness ranked at the bottom in frequency of response: sin was mentioned three times and the Devil once. When asked, however, "Do you think the Devil can cause good people to become ill?," 68 percent (fifty-five respondents) answered affirmatively. The implications of this finding are significant in terms of health-seeking behavior. If people believe that the Devil caused their illness, they may be more likely to take the illness to a minister or faith healer than to a physician. Before drawing this conclusion, however, it is important to note that the investigators neglected to distinguish between what the residents of Roan Mountain believe is theoretically possible and their own illness experiences involving the Devil. If the question "Have you personally experienced an illness caused by the Devil?" had been asked, the affirmative response rate would likely have been very low.

A study by Coriel and Marshall indicates that religion, contrary to popular belief, does not figure prominently in the folk etiology of illness among low-income Appalachians.[12] In comparing beliefs about illness causation among low-income Appalachians and Haitians, the authors found that the Haitian respondents emphasized *externality*, meaning they generally attributed the cause of illness to factors beyond their control, such

as bad luck, fate, and God's will. Conversely, the Appalachian respondents emphasized *internality* by explaining the cause of illness in terms of diet, behavior, hygiene, and other factors that are within their sphere of control.

A more recent study done by the author and Scott Beck found that dependence on folk medicine by residents of Hiltons, a rural community in southwestern Virginia (population 1,378) had declined considerably in recent decades.[13] A representative sample of the community's older generation (102 individuals age sixty and older) was interviewed in their homes. Respondents were presented a list of sixty-five health problems, including those of a relatively minor as well as a more serious nature (e.g., cold, sore throat, nosebleed, asthma, and cancer), and asked what they would do to treat themselves. To assess change in the use of folk medicine over time, respondents were next asked what their parents or another relative did to treat the same health problems. Responses indicated that some well-known folk remedies were still in use, including warm salt water for a sore throat, catnip tea for insomnia, a toddy for a cold, and pine resin for boils. Findings indicated, however, a precipitous decline in the use of folk remedies over the generations, especially those involving botanicals. Respondents provided 283 reports of parental generation use of 45 different botanicals as compared to 43 reports of use of 19 botanicals for themselves. The interviews revealed that, in general, when respondents were growing up much of the folk materia medica had already been supplanted by commercial medicines like Fry's Worm Medicine, Black Draught, Troutman's Cough Syrup, Cloverine Salve, Wine of Cardui Tablets, and the J. R. Watkins Company's line of products. Some respondents indicated that they consulted popular medicine publications such as Debora Tkac's *The Doctors Book of Home Remedies* (1990). Several recalled their parents or another relative resorting to magical cures for excessive bleeding, burns, rheumatism, warts, and asthma, but most of these respondents noted that they did not believe in such cures. As for faith healing, all respondents said they believed in prayer as a healing force, and 43 percent reported that they had experienced healing through personal prayer. Sixteen percent had sought help through communal prayer or "laying on of hands" at a church service. Less than 1 percent (two respondents) reported seeking help from a faith healer. In general, the informants believed that prayer, both personal and communal, complemented biomedical care. Their perspective was best expressed by a woman (age seventy-three) who had recently undergone

heart and gallbladder surgeries: “I believe in using the doctors. I believe in doing all you can that’s possible (when you are sick), and then trust in God for the impossible. I don’t believe we should just sit down and wait for God to do it all. Let’s do what we can, and then let Him do the rest. I don’t believe He likes a lazy Christian.”[14]

In the 1980s a spate of articles appeared in medical journals on the folk medical terminology used by Southern Appalachian patients in clinical settings.[15] The highly commendable intent of these authors was to promote better communication between health care providers (presumably those recruited from outside the region) and Southern Appalachian patients. Basically, the articles contain lists of vernacular terms and expressions and old scientific medical terms providers may not understand, such as “smothering” (labored breathing), “falling off” (losing weight), “pieded” (variegated skin color), “bloody flux” (hemorrhagic diarrhea), “loss of courage” (impotence), “pert” (in good health), “pone” (lump), and “leaders” (tendons). Folk illness terms (such as “high blood”) were identified but not elaborated on. Usage patterns with regard to residence, social class, and education were not addressed, except by Charles Sienknecht, who observed that he had heard folk medical terms and expressions used by “inhabitants of the Cumberland Mountains and other sequestered and protected settlements in east Tennessee, north Georgia, and north Alabama.”[16] Sienknecht also noted, as did John Burnum, that some of the terms (such as “strutted” and “pone”) are archaisms, but they exaggerated this aspect by describing the Southern Appalachian dialect as “Elizabethan” or “the King’s English.”[17] The notion that there are isolated groups that speak Elizabethan English seems to be prevalent in the health care community today. A chapter titled “Appalachians” written by Larry Purnell and Mona Counts in a recent textbook on transcultural nursing states, for example: “Some insular groups in Appalachia speak Elizabethan English . . . Elizabethan English has its own distinctiveness and syntax that can cause communication difficulties with practitioners who are not familiar with the dialect.”[18] The English of those who settled Appalachia in the late eighteenth century was quite different from that spoken in the Elizabethan era some two hundred years earlier, however. Appalachian English is a distinctive brand of American English that historically reflects the dialects of the Scots-Irish and peoples of lowland Scotland and northern England, not the Elizabethan English of London speakers in the mid-

i500s.[19] It is incorrect to identify the dialect of any group in Southern Appalachia as Elizabethan, and even more inaccurate to describe it, as some have done, as Chaucerian.

In 1989 the Appalachian History of Medicine Society conducted a study of folk medical terminology that involved in-depth interviews with i33 informants, 50 of whom were health care providers, in eastern Tennessee, southwestern Virginia, and western North Carolina.[20] Non-health care provider informants were selected opportunistically, but an effort was made to recruit individuals equally representing three age groups: 20-29, 30-49, and 50 and above. Most of them resided in rural communities. Interviews with this group employed an open-end question format for the purpose of identifying folk medical terminology used naturally in discourse about various health and illness topics. Following the series of open-end questions, informants were presented a list of terms and expressions and asked to define them. Health care providers (physicians, nurses, nurse practitioners, pharmacists, and medical technicians) with extensive work experience in the region (an average of 27.5 years) were asked to share information about folk medical terminology they had encountered during their work experience and then presented with a list of folk medical terms to identify. Most of the folk medical terms and expressions in the articles mentioned above were identified, plus a few not previously recorded. The findings indicated, albeit impressionistically, that older Southern Appalachians were more familiar with and more inclined to use folk medical terminology when talking about health and illness. Furthermore, and more important, the researchers concluded that the language of health and illness in Southern Appalachia would not inhibit communication between health care provider and patient if the health care provider simply took the time to ask a few questions for clarification. Problems may arise, however, with regard to such terms as “high blood” and “thick blood,” and possibly “bold hives.” For example, a diagnosis of high blood pressure might be construed by some Southern Appalachians to mean high blood in the folk sense and thus invoke use of potentially harmful folk remedies, such as pickle juice, to lower blood volume. Since high blood pressure is usually asymptomatic, patients may also question the credibility of the diagnosis if they are not experiencing the folk symptoms of high blood. Furthermore, physician use of the term “blood thinner,” a vernacular term

for anticoagulant, might lead some patients to conclude that they have a thick blood condition.

A study by Marilyn Nations, Linda Camino, and Frederic Walker found that physicians at a clinic in Virginia had no interest in the vernacular terminology used by patients to define and describe their illnesses.[21] Seventy-six patients of "rural Appalachian background" were interviewed by medical anthropologists about their illness complaints prior to meeting with a physician. Thirty-three patients reported fifty-four folk illness complaints, including "high blood," "sugar," "fallin' out," and "nerves." Demograph-ically, folk illness complaints "crossed age, sex, and black-white ethnic boundaries."[22] Over two-thirds of the patient sample (fifty-one respondents, or 69 percent) had sought health care advice from nonprofessional health care providers, usually family members and friends, prior to coming to the clinic; 70 percent reported treating themselves with over-the-counter medications and home remedies. The most significant finding, however, was that none of the folk illness complaints and associated self-care treatments identified in the interviews done with anthropologists were recorded in the physicians' medical histories of the same patients. Dismissing the patient's perspective of illness, the authors argue, impedes effective communication on several levels between patient and provider.

Conclusion

Though few in number, recent studies on the use of folk medicine show that cultural preservationists, physicians, and other observers were naive in their assertion that folk medicine would be vanquished by official medicine. Of greater concern, however, is what contemporary research offers in terms of assessing the influence of folk medicine on the health care behavior of Southern Appalachians today. Presented below are some generalizations offered both as an assessment of folk medicine's impact on the health care behavior of Southern Appalachians and as an agenda for future research.

Folk medical beliefs and practices are not confined to Southern Appalachia's poor, undereducated class. Unfortunately, indigent and undereducated people have been the focus of most contemporary investigations. This bias reflects a long-standing assumption, prominent in early cultural preservationist research, that only marginal populations rely

on folk medicine, but it also illustrates a downward rather than upward social class orientation long prevalent in social science research.[23] It is perhaps not incidental, for example, that all the in-depth investigations of the folk illness nerves in Southern Appalachia focused on the lower class, even though individuals representing the middle and upper classes also recognize its existence. Many folk beliefs and practices in Southern Appalachia transect classes (blood beliefs, the admonition to "feed a cold, starve a fever," and drinking catnip tea for insomnia or a toddy for a cold, for example),[24] but this pattern has not been adequately examined. Future research must employ a more upward orientation and embrace the region's far more populous middle and upper classes, people who are relatively well educated, enjoy decent incomes, and dwell in towns like Pikeville, Dahlonega, Kingsport, Bluefield, Johnson City, and Marion and cities like Knoxville, Chattanooga, Asheville, and Huntsville.

Another equally important distortion is a monolithic image of the poor and undereducated population. Ignoring intra-class variation results in a stereotypical patient profile that encourages health care providers to anticipate potentially conflictual patient beliefs and behaviors even though such a concern may not be warranted in most circumstances. A case in point is an article entitled "Won't or Can't," published in the *American Journal of Nursing*.[25] Author Helen Brown reports on a patient, a "Mr. West" from the mountains of eastern Tennessee, with end-stage renal disease who was identified by the nursing staff at Vanderbilt University Medical Center as "difficult" because he would not take responsibility for some aspects of his health care regimen. In the course of treatment, Brown discovered that Mr. West was illiterate and therefore incapable of participating in a task that required reading the label of a medication (heparin). On his admission chart, a staff member had written "slow mentality," but Brown differed in her assessment, concluding that Mr. West was not lacking in intelligence but was "culturally deprived." Brown is correct in distinguishing between illiteracy and intelligence, but her determination of cultural deprivation ignores the simple fact that many people, not just Southern Appalachians, have problems adapting to a hospital environment. Her "culturally sensitive" assessment of Mr. West's uncooperative behavior was not based on a critical understanding of the culture of Southern Appalachia, but rather on a single, spurious source of information: *Sergeant York and His People*, published in 1922.[26]

The knowledge and use of folk medicine among Southern Appalachians has diminished over time. While it is important to be aware of the persistence of folk medicine, it is also necessary to recognize that Southern Appalachians today rely on folk medicine less than preceding generations did. This simple but profound observation was obvious to cultural preservationists who tried to document folk medical beliefs and practices that they believed would be eliminated by modernization. They were, of course, more right than wrong. One can confidently assume that prior to the infrastructural development of Southern Appalachia, which began on a large scale with the New Deal and has continued unabated to the present, residents were far more dependent on folk medicine than they are today, though not necessarily by choice. The construction of hospitals and clinics, the increased presence of well-trained physicians and other health care providers, the establishment of state public health agencies, and the implementation of various federal medical assistance programs all lessened the population's dependence on folk medicine, as did other infrastructural improvements such as the construction of a better road system, which enabled access, or easier access, to medical care. The critical question, therefore, is not whether the population's knowledge and use of folk medicine has diminished, but rather the magnitude of the erosion. Measuring the magnitude of change, however, is not possible because, as noted earlier, early investigators conducted no systematic surveys that would serve as historical benchmarks to measure against. Nevertheless, as the previously mentioned investigations in southwestern Virginia, northern Alabama, and southeastern Kentucky have found, Southern Appalachians of today appear to know far less about medicinal plants and other folk materia medica than their ancestors did and are much more inclined to use easily obtainable over-the-counter medications. As for folk illnesses, it appears that belief in bold hives, livergrown and white liver is now rare among Southern Appalachians, and it is likely that these folk illnesses may disappear altogether with the passing of the older generation.

Consumers of cultural preservationist research on Southern Appalachian folk medicine, notably those outside the region, were largely uninformed of its methodological and conceptual limitations, including matters of representativeness, the distinction between passive and active folk medical knowledge, and the tendency to ignore cultural variation. They naturally came to the conclusion that *all* Southern Appalachians are highly

dependent on folk medicine. Local-color stories in the mass media have promoted this unfounded belief. A good example is the National Geographic Society's special publication, *Nature's Healing Arts: From Folk Medicine to Modern Drugs*, in which the author of one article asserts: "And nowhere, I found, is folk medicine more popular than in the Appalachian Mountains —one of America's leading herb-using and distributing regions."[27] The author focused on a few people residing in one rural community in southwestern Virginia who used medicinal plants or collected them for sale to crude drug dealers. No mention was made of these people's use of other health care resources, nor that there were people in this and other Appalachian communities who knew little or nothing about medicinal plants, and who could not identify goldenseal or ginseng if their lives depended on it. The vast readership, however, no doubt made a conceptual leap from the particular few to the region's population as a whole.

Religion is not necessarily an impediment to effective health care delivery. Individual and communal prayer, attending church, and reading the Bible serve as psychologically powerful coping mechanisms for many Southern Appalachians during times of sickness and other misfortunes, especially for those in the older generation. Recent research indicates that they are no different from other Americans in this respect.[28] Furthermore, it would be a mistake to generically label the indigent population as religiously fatalistic about illness in view of Coriel and Marshall's finding that this group is more inclined to explain the cause of illness naturalistically than in terms of the actions of supernatural agents like God, the Devil, demons, or witches.

Medical pluralism in Southern Appalachia encompasses more than biomedicine and folk medicine. The considerable concern with folk medicine's conflictual relationship with official medicine over the decades has diverted attention from the fact that medical pluralism in Southern Appalachia has always been complex. Homeopaths, eclectic physicians, botanics, natur-opaths, hydropaths, chiropractors, and osteopaths have been in the region since their emergence in the health care arena, but little is known about their presence or influence on the health behavior of Southern Appalachians. The long-standing and persisting image in the American consciousness of Appalachia as an isolated and insular place ignores the historical fact that the region's boundaries, however they may be defined

geographically, culturally, or politically, always have been and continue to be permeable to outside influences.

The dichotomous folk medicine versus biomedicine model of medical pluralism in Southern Appalachia should be discarded and replaced with one that considers the panoply of alternative healing modalities evident in the region today. Magnetic therapy, electric shock-box therapy, crystal therapy, reiki, acupressure, reflexology, vitamin therapy, massage therapy, drum circles, aromatherapy, and various popular diet regimens are just a few examples of the healing modalities used by Southern Appalachians today. The health beliefs and practices of believers in neo-shamanism and neo-paganism are also worthy of consideration. Edain McCoy's *Mountain Magick: Folk Wisdom from the Heart of Appalachia* (1997), is a good example of a native neo-paganist's attempt to revitalize Appalachian "magikal" beliefs and practices.

Today, Southern Appalachians, like other Americans, are inundated with health care information from television, newspapers, magazines, popular medicine books, radio doctor programs, drug and health food stores, and a multitude of Internet sources. The proliferation of health care information will affect Southern Appalachia's folk medical belief system in ways discussed earlier: folk medical knowledge will be displaced, retained, syncre-tized with elements of other health belief systems, revitalized, or created anew. Elucidating the context and dynamics of the change process with regard to specific domains of folk medical knowledge represents one of the essential tasks of future investigators interested in understanding medical self-care in Southern Appalachia.

APPENDIX A

Archival and Manuscript Sources

Thomas Burton Collection

Archives of Appalachia, East Tennessee State University. Interviews with residents of eastern Tennessee and southwestern Virginia on various folklife topics. Information on the ages of these respondents is not available.

Catalog No.	*Year*	*Sex*	*Residence*
1	1986	F	Carter County, Tenn.
3	1986	M	Washington County, Tenn.
6	1986	F	Smyth County, Va.
8	1986	F	Sullivan County, Tenn.
9	1986	F	Greene County, Tenn.
11	1986	M/F	Washington County, Va.

Burton-Manning Collection

Archives of Appalachia, East Tennessee State University. The collection was established by Thomas Burton and Ambrose Manning, professors in the Department of English at East Tennessee State Univerity. The collection comprises information on various aspects of Southern Appalachian folklife gathered from interviews done in the late 1960s and early 1970s with residents of eastern Tennessee and western North Carolina. Information on the ages of these respondents is not available.

Catalog No.	*Year*	*Sex*	*Residence*
35	1968	2F/M	Avery County, N.C.
55	1969	F	Watauga County, N.C.
56	1968	F	Watauga County, N.C.
57	1968	M	Avery County, N.C.
58	1968	M	Avery County, N.C.
63	1968	F	Avery County, N.C.
66	1968	F	Avery County, N.C.
67	1969	F	Watauga County, N.C.
68	1969	F	Avery County, N.C.
69	1968	F	Watauga County, N.C.
70	1968	M	Avery County, N.C.
71	1968	F	Avery County, N.C.
73	1968	F	Watauga County, N.C.
74	1969	F	Watauga County, N.C.
75	1968	F	[County unknown], N.C.
76	1968	F	Watauga County, N.C.
77	1969	M	Watauga County, N.C.
82	1969	F	Watauga County, N.C.
84	1969	M	Avery County, N.C.

Cavender Folk Medicine Collection

Cavender Folk Medicine Collection, Archives of Appalachia, East Tennessee State University. The collection includes information gathered from interviews, most of which were tape-recorded, with residents of eastern Tennessee, southwestern Virginia, and western North Carolina on folk medicine and the history of medicine. The interviews were done in 1996, 2000, 2001, and 2002 by the author and students at East Tennessee State University. As noted below, the collection also includes written compendia of folk medical beliefs and practices compiled by residents.

Catalog No.	*Year*	*Sex*	*Age*	*Residence*
1	2000	M	53	Greene County, Tenn.
2	2000	F	76	Greene County, Tenn.
3	2000	M	75	Unicoi County, Tenn.
4	2000	M	84	Washington County, Tenn.
5	2000	M	93	Washington County, Tenn.
6	2000	F	85	Washington County, Tenn.
7	2000	M	83	Unicoi County, Tenn.
8	2000	F	70	Carroll County, Va.
9	2000	F	72	Washington County, Tenn.
10	2000	F	84	Washington County, Tenn.
11	2000	F	73	Claiborne County, Tenn.
12	2000	M	84	Washington County, Tenn.

Catalog No.	*Year*	*Sex*	*Age*	*Residence*
53	2001	F	74	Greene County, Tenn.
54	2001	F	73	Johnson County, Tenn.
55	2001	M	86	Scott County, Va.
56	2001	F	79	Washington County, Tenn.
57	2001	F	49	Washington County, Tenn.
58	2001	F	63	Washington County, Tenn.
59	2001	F	70	Washington County, Tenn.
60	2001	F	83	Washington County, Tenn.
61	2001	M	55	Washington County, Tenn.
62	2001	F	69	Washington County, Tenn.
63	2001	M	71	Loudon County, Tenn.
64	2001	F	76	Loudon County, Tenn.
65	2001	F	81	Sullivan County, Tenn.
66	2001	F	70	Carter County, Tenn.
67	2001	M	76	Washington County, Tenn.
68	2001	F	65	Washington County, Tenn.
69	2001	F	84	Washington County, Tenn.
70	2001	F	91	Cumberland County, Tenn.
71	2001	F	49	Clay County, Tenn.
72	2001	F	72	Wise County, Va.
73	2001	M	74	Wise County, Va.
74	2001	F	77	Sullivan County, Tenn.
75	2001	F	61	Sullivan County, Tenn.
76	2001	M	69	Sullivan County, Tenn.
77	2001	F	81	Cumberland County, Tenn.
78	2001	F	77	Cocke County, Tenn.
79	2001	F	69	Cocke County, Tenn.
80	2001	M	63	Cocke County, Tenn.
81	2001	F	56	Buchanan County, Va.
82	2001	M	34	Buchanan County, Va.
83	2001	F	—	Tazewell County, Va.
84	2001	F	81	Sullivan County, Tenn.
85	2001	M	69	Sullivan County, Tenn.
86	2001	F	65	Sullivan County, Tenn.
87	2001	F	81	Monroe County, Tenn.
88	2001	M	79	Monroe County, Tenn.
89	2001	M	56	Monroe County, Tenn.
90	2001	F	92	Scott County, Tenn.
91	2001	F	85	Scott County, Tenn.
92	2001	M	72	Scott County, Tenn.
93	2001	M	70	Scott County, Tenn.

Catalog No.	*Year*	*Sex*	*Age*	*Residence*
94	2001	F	66	Knox County, Tenn.
95	2001	F	60	Scott County, Tenn.
96	2001	F	81	Greene County, Tenn.
97	2001	F	72	Sullivan County, Tenn.
98	2001	F	65	Sullivan County, Tenn.
99	2001	F	61	Sullivan County, Tenn.
100	2001	F	94	Carter County, Tenn.
101	2000	F	75	Cumberland County, Tenn.
102	2000	F	—	Cumberland County, Tenn.
103	2000	F	—	Cumberland County, Tenn.
104	2000	M	—	Cumberland County, Tenn.
105	2000	F	—	Grundy County, Tenn.
106	2000	F	70	Lee County, Va.
107	1996	F	66	Washington County, Tenn.
108	1996	F	92	Washington County, Tenn.
109	1996	M	65	Washington County, Tenn.
110	1996	F	76	Unicoi County, Tenn.
111	1996	M	70	Carter County, Tenn.
112	1996	F	84	Cocke County, Tenn.
113	1996	F	67	Washington County, Tenn.
114	1996	M	59	Washington County, Tenn.
115	2002	M	70	Scott County, Tenn.
116	2002	F	63	Scott County, Tenn.
117	2002	F	69	Washington County, Tenn.
118	2001	F	90	Washington County, Tenn.
119	2002	M	77	Washington County, Tenn.
120	2002	F	78	Washington County, Tenn.
121	A booklet on helpful hints and advice, including a section on home remedies, prepared by Mrs. Blanche Brown, Greene County, Tenn. (1985).			
122	2002	F	81	Hancock County, Tenn.
123	2002	F	82	Hancock County, Tenn.
124	2002	F	65	Hancock County, Tenn.
125	2002	M	71	Yancey County, N.C.
126	2002	M	73	Washington County, Tenn.
127	2002	F	85	Washington County, Tenn.
128	2002	F	90	Unicoi County, Tenn.
129	2002	F	75	Tazewell County, Va.
130	2002	F	68	Russell County, Va.
131	2002	F	—	Washington County, Tenn.
132	2002	F	78	Washington County, Tenn.

Catalog No.	*Year*	*Sex*	*Age*	*Residence*
133	2002	M	80	Sullivan County, Tenn.
134	2002	F	73	Hawkins County, Tenn.
135	2002	F	87	Hawkins County, Tenn.
136	2002	F	69	Sullivan County, Tenn.
137	2002	M	79	Sullivan County, Tenn.
138	2002	F	60	Washington County, Tenn.
139	2002	F	70	Hancock County, Tenn.
140	2002	M	54	Claiborne County, Tenn.
141	2002	F	—	Claiborne County, Tenn.
142	2002	F	90	Carter County, Tenn.
143	2002	F	79	Carter County, Tenn.
144	2002	M	76	Carter County, Tenn.
145	2002	F	90	Washington County, Tenn.
146	2002	M	81	Sullivan County, Tenn.
147	2002	F	67	Sullivan County, Tenn.
148	2002	F	70	Washington County, Tenn.
149	2002	M	69	Washington County, Tenn.
150	2002	F	76	Washington County, Tenn.
151	2002	F	79	Sullivan County, Tenn.
152	2002	F	76	Greene County, Tenn.
153	2002	F	81	Greene County, Tenn.
154	2002	F	61	Johnson County, Tenn.
155	2002	F	70	Johnson County, Tenn.
156	2002	F	26	Hawkins County, Tenn.
157	2002	F	67	McMinn County, Tenn.
158	2002	F	65	McMinn County, Tenn.
159	2002	F	86	McMinn County, Tenn.
160	1987	F	—	Washington County, Tenn.
161	Remedy list written by Mrs. Nevada Parker Derting (1890–1976), from Hiltons, Scott County, Va.			

Joseph Hall Collection

Archives of Appalachia, East Tennessee State University. Tape- and disk-recorded interviews on folk speech and folklife conducted by linguist Joseph Hall with residents of eastern Tennessee and western North Carolina from i937 to the i970s. This study drew on an unpublished manuscript written by Hall, “Health and Illness in the Great Smokies,” which is based on information obtained in interviews with residents of Blount and Cocke

Counties, Tennessee, and Buncombe, Hay-wood, and Swain Counties, North Carolina, done in i937, i939, i956, and i962.

Hancock County Collection

Department of Sociology and Anthropology, East Tennessee State University. Interviews with residents of Hancock County, Tennessee, on folk medicine done by the author and students at Hancock Middle School, Sneedville, Tennessee, in 1980.

Catalog No.	*Sex*	*Age*
1	F	52
2	F	69
3	M	84
4	F	54
5	F	55
6	M	—
7	F	53
8	F	74
9	F	56
10	F	37
11	F	—
12	F	—
13	M/F	77/65
14	F	—
15	F/F	55/33
16	F	—
17	F	86

Hiltons Collection

Archives of Appalachia, East Tennessee State University. Tape recorded interviews done in 1994-95 with 102 residents (age sixty and above) of Hiltons, Virginia, on their use of folk medicine, past and present. Instead of citing specific informant interviews in the notes, data from the Hiltons Collection is presented in terms of frequency of use of remedies by the informants' parents in the 1920s and 1930s.

Language and Medicine in the Appalachian South Collection

Archives of Appalachia, East Tennessee State University. Tape recorded interviews done in 1989 with 133 residents of eastern Tennessee, western

North Carolina, and southwestern Virginia on folk medical terminology and folk medicine.

Catalog No.	*Year*	*Sex*	*Age*	*Residence*
8	1989	F	60	Washington County, Va.
27	1989	M	55	Washington County, Tenn.
39	1989	M	39	Carter County, Tenn.
46	1989	F	46	Washington County, Tenn.
61	1989	F	33	Smith County, Va.
72	1989	F	62	Greene County, Tenn.
73	1989	F	74	Greene County, Tenn.
74	1989	F	63	Unicoi County, Tenn.
117	1989	F	87	Sullivan County, Tenn.
119	1989	F	84	Washington County, Va.
121	1989	F	89	Alexander County, N.C.
139	1989	F	75	Carter County, Tenn.
143	1989	F	88	Johnson County, Tenn.
145	1989	F	80	Carter County, Tenn.

Vance-Wickersham Collection

Archives of Appalachia, East Tennessee State University. Interviews conducted in 1984-85 by Ron D. Vance and Barbara Wickersham with the older generation of Roan Mountain, Tennessee, on local history and folk culture. Information for this study was obtained primarily from File 22, an interview with Jim Street, an herbalist and folk veterinarian.

APPENDIX B

Frequently Mentioned Medicinal Plants in Sources

Vernacular Name	*Scientific Name and Part Used*	*Use*
apple	*Malus x domestica* vinegar, juice	burns, sprains, cuts, headache, cold
balm of Gilead (bammy gilly)	*Populus balsamifera* buds	burns, cuts, dry skin
birch	*Betula lenta* twigs	toothbrush, fever, indigestion
blackberry	*Rubus occidentalis* leaf, root, fruit	diarrhea
black cohosh	*Cimicifuga racemosa* root	blood toner, menstruation
black snakeroot	*Polygala senega* root	cold, blood cleaner, cough
bloodroot	*Sanguinariacanadensis*root	blood purifier, cough
boneset	*Eupatorium perfoliatum* leaf, root	fever, cold
burdock	*Arctium lappa* root	blood purifier
cabbage	*Brassica oleracea* leaf, sauerkraut	liver cleaner, piles
calamus (sweet flag)	*Acorus calamus* root	indigestion
catnip	*Nepeta cataria*leaf	bold hives, insomnia, nervousness
cayenne	*Capsicum annuum* fruit	fever, cold
coffee	*Coffea arabica* bean (green and roasted)	headache, clean kidneys
comfrey	*Symphytum officinale* root, leaf	cough, sprains
corn	*Zea mays* milk, silk, shuck whiskey	cold, flu, fever
dandelion	*Taraxacum officinale* root, leaf	clean blood/kidneys
elder	*Sambucus nigra* leaf, berry, bark	blood toner, cold, fever
garlic	*Allium sativum* bulb, juice	blood purifier, cold
ginger	*Zingiber officinale* root	fever, cold, menstruation
ginseng	*Panax quinquefolius* root	blood purifier, toner
goldenseal	*Hydrastis canadensis* root	indigestion, cuts, sore eyes, mouth sore
ground ivy	*Glechoma hederacea*leaf	bold hives, measles
hickory	*Carya ovata* sap	earache
horsemint	*Monarda punctata* leaves	cold, fever, rheumatism

Jerusalem oak (wormweed)	*Chenopodium ambrosiodes*seed	worms
jimsonweed	*Datura stramonium* leaf, seed	asthma
lobelia(Indian tobacco)	*Lobelia inflata L.*leaf	fever, induce vomiting
mayapple	*Podophyllum peltatum* root, fruit	constipation
mountain tea (wintergreen)	*Gaultheria procumbens L.*leaf	cold, fever, flavoring
mullein	*Verbascum thapus*leaf	cough, boils, piles
mustard	*Brassica nigra* leaf, seed	fever, blood toner
onion	*Allium canadense* bulb, juice	fever, cold, cough
peach tree	*Prunus persica* leaf, bark, kernel	diarrhea, indigestion
pennyroyal	*Hedeoma pulegioides*leaf	fever, cold, insect repellent, abortion
peppermint	*Mentha piperita*leaf	indigestion, gas
pine	*Pinus strobus* bark, sap, tops, turpentine	cough, worms, cuts, muscle aches
plantain	*Plantago major*leaf	insect bites/stings, blood toner, sprains
poke	*Phytolacca americana* root, fruit	rheumatism, scabies
potato	*Solanum tuberosum* tuber	burns, cuts, boils, bruises
puffball	*Lycoperdon pyriforme* spores	cuts, piles
pumpkin	*Cucurbita pepo* seed	worms
rabbit tobacco	*Gnaphalium obtusifolium*leaf	asthma, congestion
ramp	*Allium tricoccum* root	clean blood
ratsbane (pipsissewa)	*Chimaphila umbellata* leaf, root	clean blood/kidneys
red oak	*Quercus falcata* bark	bleeding, sore throat
sage	*Salvia officinalis*leaf	fever, nervousness
sarsaparilla (spignet)	*Aralia nudicaulis* root	blood toner, syphilis
sassafras	*Sassafras albidium* root bark	blood cleaner
slippery elm	*Ulmus rubra* inner bark	cough, sore throat
sorghum	*Sorghum bicolor*stalk	blood toner
spicewood	*Lindera benzoin* twigs	fever, cold
tansy	*Tanacetum vulgare* leaf, root	menstruation
tobacco	*Nicotiana tabacum*leaf	insect bites/stings
walnut	*Juglans cinerea* (white walnut), *Juglans nigra* (black walnut) green hull juice	ringworm
watercress	*Nasturtium officinale* leaf, root	blood toner, clean kidneys
watermelon	*Citrullus vulgaris* seed	clean kidneys
wild cherry	*Prunus serotina* bark	cough
witch hazel	*Hamamelis virginiana* leaf, bark	muscle aches, cuts, hemorrhoids
yellowroot	*Xanthorhiza simplicissima* root	indigestion, mouth sores

GLOSSARY

ague: malaria
back-set: an illness relapse
bad disease: syphilis
beal: infected, as in “My ear is bealed.”
belly band: a piece of cloth tied around a baby’s belly to prevent a rupture
bloodstopper: a folk healer who has the ability to stop bleeding
bloody flux: dysentery
bold hives: an infant-specific and potentially fatal illness caused by hives remaining inside the body; also known as “stretch hives” and “red hives”
breath killer: a substance used to eliminate bad breath, such as wintergreen leaves and birch twigs
brimstone: sulfur
bug dust: pulverized coal
burn doctor: a folk healer who has the ability to treat burns; also known as a “fire doctor”
chamber lye: urine accretion from a chamber pot; urine
clap: gonorrhea
consumption: tuberculosis
corruption: purulent matter; pus
courage: sexual drive, as in “My husband’s lost his courage.”
creel: to sprain
dyspepsia: indigestion
fall off: to lose weight, as in “He’s fallen off a lot since he’s been sick.”
fleshy: having normal, healthy body weight
flux: diarrhea
gald: heat rash or chafed skin, as in “My leg is so galded I can hardly walk.”
gravel: kidney or gallstones
grippe: influenza
hippoed: feeling sickly; feeling tired
(the) itch: scabies
jake leg: a neurological disorder caused by ingestion of adulterated Jamaican ginger (“jake”); symptoms included a spastic gait
kernels: swollen lymph glands
leader: ligament
livergrown: an infant-specific illness caused by the liver forming an attachment to the spine or ribs
maid’s water: urine from a virgin
mare’s carry: a gestation period of eleven months, caused by a pregnant woman’s passing under a mare’s neck
milk sickness: an illness caused by the ingestion of cow’s milk containing toxins from white snakeroot
nature: sexual drive, as in “My nature is not what it used to be.”

out of heart: an expression used to described depression, as in “He’s all out of heart about his mother’s death.”

peach tree limb tea: a whipping with a switch, administered to a child

peaked (pronounced PEE-kid): feeling ill or tired or having the appearance of such

pert (pronounced “pyert”): feeling good, lively; healthy or having the appearance of such

phthisic: asthma or tuberculosis

pieded: spotted or blotched skin

piles: hemorrhoids

pone: a raised swelling or bump

pumpknot: a raised swelling or bump, usually on the head

puny: feeling sluggish, tired or having the appearance of such

quilling: blowing a powdered medicine into the back of the throat with a goose quill or rolled piece of paper

risin’: a boil or carbuncle

scald head: favus

scarify: making incisions on the skin and then covering them with a hot cup, or performing suction on incisions by mouth with a cow horn to draw out blood;

also known as “wet cupping”

scours: diarrhea

silk paper: cigarette-rolling paper

sinking spell: a fainting episode, as in “He had a sinking spell last night.”

smothering: difficult breathing

snuffing a mother: having a woman inhale red or black pepper through the nostrils to produce a sneezing effect and, in turn, induce labor

sore eyes: pinkeye or trachoma

stove: to jam, as in “He stoved his toe trying to open the door.”

strutted: swollen, as in “My ankle is strutted and sore.”

stumpwater: healing water found in a stump or cavity of a tree; also known as “spunkwater”

swimmy headed: dizzy, as in “I was so swimmy headed I could hardly walk.”

touched (pronounced “tetched”): mentally unstable, as in “She’s tetched in the head.”

turning the baby: an exercise performed on an infant to prevent a livergrown condition. The exercise involved holding the baby upside down by one leg and then grasping an arm and rotating the infant to an upright position.

weak trembles: a debilitated state characterized by extreme quivering and weakness in the legs; sometimes used as a synonym for “milk sickness”

weeded: inflammation of the breast; mastitis

white liver: a sexual disorder characterized by an abnormally powerful sexual drive

yarb: herb

NOTES

Abbreviations

The following abbreviations are used in the notes. Information on the collections cited is provided in Appendix A.

BMC	Burton-Manning Collection, Archives of Appalachia, East Tennessee State University
BWAY	Hunter First Baptist Church Seniors Class, *The Book for What Ails You: A Compilation of Home Remedies* (Elizabethton, Tenn., 1997)
CFMC	Cavender Folk Medicine Collection, Archives of Appalachia
CHR	Unicoi County, Tennessee, Homecoming '86 Committee, *A Century of Home Remedies* (Chicago: Women's Clubs Publishing Company, 1986)
HCC	Hancock County Collection, Department of Sociology and Anthropology, East Tennessee State University
JHC	Joseph Hall Collection, Archives of Appalachia
LMAS	Language and Medicine in the Appalachian South Collection, Archives of Appalachia
TBC	Thomas Burton Collection, Archives of Appalachia
VWC	Vance-Wickersham Collection, Archives of Appalachia
WCR	Franklin County Historical Society, *Water Cures and Other Remedies* (Winchester, Tenn.: Franklin County Historical Society, 1974)

Introduction

1. Shapiro, *Appalachia on Our* Mind;Batteau, *The Invention of Appalachia*.
2. Mooney, "Folk-lore of the Carolina Mountains," 95.
3. Quoted in Shapiro, *Appalachia on Our Mind*, 199.
4. See, for example, Redfield, "Superstitions and Folk Beliefs"; McGlasson, "Superstitions and Folk Beliefs of Overton County"; Carter, "Mountain Superstitions"; Reynolds, "Grandma's Handbook"; Craft, "Superstitions from French-burg, Kentucky"; Hunter, "Folk Remedies on Man and Beast"; Mullins, "Herbs of the Southern Highlands"; Wigginton, *The Foxfire Book*, 230-48.
5. See Farr, "Folk Remedies"; McWhorter, "Superstitions from Russell County, Kentucky"; Wilson, "Animal Products and Minerals in Folk Medicines," "Local Plants in Folk Remedies," and "'Store Bought' Remedies"; Browne, *Popular Beliefs and Practices from Alabama;* Hand, *Popular Beliefs and Superstitions from North Carolina;Thomas* and Thomas, *Kentucky Superstitions*.
6. Toynbee, *The Study of History*, 312.
7. Barney, *Authorized to Heal*.
8. Lewis, "On the Popular Materia Medica of East Tennessee," 273.
9. Porter, "Notes on the Folk-Lore of the Mountain Whites," 106.
10. Lewis, "On the Popular Materia Medica of East Tennessee," 276-77.

11. Heney, “Bits from the Day’s Work,” 28; Randolf, “Tuberculosis Clinics in Virginia Mountain Hollows,” 12; Wharton, *Doctor Woman of the Cumberlands*, 59, 67; Withington, *Mine Eyes Have Seen the Glory*, 273.

12. For more on Furman’s and Marshall’s portrayals of folk medicine, see Strain, “Folk Medicine in Southern Appalachian Fiction,” 25 -65, 67-86.

13. Cavender, “Theoretic Orientations and Folk Medicine Research,” 170-78.

14. O’Connor, *Healing Traditions,53-54*.

15. Betts, “Folk Medicine in North Carolina,” 157.

16. Raitz and Ulack, *Appalachia*, 28.

17. Richmond, “American Attitudes Toward the Germ Theory,” 58-74.

18. Starr, *The Social Transformation of American Medicine*, 116-20.

19. Watkins and Watkins, *Yesterday in the Hills, i*.

Chapter 1

1. Eller, *Miners, Millhands, and Mountaineers*, 16.

2. Ibid., 16-17; Olson, *Blue Ridge Folklife*, 159-64; Raine, *Land of Saddlebags*, 212, 227, 230; Campbell, *The Southern Highlander and His Homeland*, 198-202.

3. Eller, *Miners, Millhands, and Mountaineers*, 21; Campbell, *The Southern Highlander and His Homeland*, 199;

4. Breeden, “Disease as a Factor in Southern Distinctiveness,” i2.

5. Campbell, *The Southern Highlander and His Homeland*, 210.

6. Ibid., 202.

7. Rother, “Goiter in the Kentucky Mountains,” 26.

8. Campbell, *The Southern Highlander and His Homeland*, 202.

9. Ibid., 207-35.

10. Kolata, *Flu*,7.

11. Doherty, “A West Virginia County’s Experiences,” 37.

12. Stafford, “Fighting the Flu,” 69.

13. Lindsey, “Battle on the Homefront,” ii.

14. Breeden, “Disease as a Factor in Southern Distinctiveness,” 10.

15. Campbell, *The Southern Highlander and His Homeland*, 216.

16. Ibid., 197; Raine, *Land of Saddlebags*, 211.

17. Campbell, *The Southern Highlander and His Homeland*, 197; Raine, *Land of Saddlebags*, 210; Wharton, *Doctor Woman of the Cumberlands,44*-45.

18. Wharton, *Doctor Woman of the Cumberlands*, 73.

19. Crissman, *Death and Dying in Central Appalachia*, 17.

20. Campbell, *The Southern Highlander and His Homeland*, 214; Raine, *Land of Saddlebags*, 215; Wharton, *Doctor Woman of the Cumberlands*, 46; Withington, *Mine Eyes Have Seen the Glory*, 270.

21. Nesbit, “Better Health for Our Mountain People,” 23; Withington, *Mine Eyes Have Seen the Glory*, 270.

22. Campbell, *The Southern Highlander and His Homeland*, 216.

23. Platt and Ogden, *Medical Men and Institutions of Knox* County,8o-81.

24. Ibid., 82.

25. Lovingood, *Chattanooga and Hamilton County Medical Society*, 24.

26. Stone, “So Much to Endure,” 67-68.

27. Platt and Ogden, *Medical Men and Institutions of Knox County*, 89.

28. Breeden, “Disease as a Factor in Southern Distinctiveness,” 1 -28.

29. Carrigan, “Yellow Fever,” 64.

30. Platt and Ogden, *Medical Men and Institutions of Knox County*, 84.

31. Lovingood, *Chattanooga and Hamilton County Medical Society*, 23.

32. Arnow, *Flowering of the Cumberland*, 317.

33. Sanderson, *County Scott and Its Mountain Folk*, 166; Jobe, “Abraham Jobe Autobiography,” 27.

34. Hamer, *Centennial History of the Tennessee Medical Association*, 22.

35. Rothstein, *American Physicians in the Nineteenth Century*, 141. Thomson believed that all illness was caused by cold. His botanical regimen was premised on six numbered treatments to be followed in sequence. The first involved taking a botanical emetic, lobelia, and steam baths to clean the system. The second was intended to warm the body through ingesting cayenne pepper in sweetened hot water. The third and fourth were botanical tonics taken to improve digestion, and the fifth and sixth, drinking draughts of brandy or wine mixed with various botanicals, served to strengthen the body’s constitution. For more information on Thomson-ism, see Numbers, “Do-It-Yourself the Sectarian Way,” 49-58, and Rothstein, “The Botanical Movements and Orthodox Medicine,” 42 -46.

36. McCallister, *Frontier Medicine*, 41. With regard to the profession of dental surgery, the life and work of Dr. James Baxter Bean is worth noting. Born in i834 on Cherokee Creek in Washington County, Tennessee, Bean was educated at Washington College in nearby Limestone, the first school of higher learning west of the Allegheny Mountains. In i860 he graduated from the Baltimore College of Dental Surgery, the first institution of its kind in the world. Bean served as a dental surgeon for the Confederacy during the Civil War and acquired acclaim for his innovation of the “inter-dental splint” for the treatment of gunshot fractures to the jaw. He also gained recognition for his experiments with creating dentures made of aluminum and new methods for attaching crowns to teeth. See Baxter, “Dr. James Baxter Bean.”

37. Jobe, “Abraham Jobe Autobiography,” 74-77, 82, 88.

38. Bruesch, “Samuel Blair Cunningham (1797-1867),” i.

39. Jobe, “Abraham Jobe Autobiography,” 74.

40. Ibid., 82.

41. Barney, *Authorized to Heal*, 43.

42. Hamer, *Centennial History of the Tennessee Medical Association*, 393.

43. Barney, *Authorized to Heal*, 55.

44. Crum, “Dr. Annis”; Brown, “Pickering’s Descendants Think She’s the State’s First Woman Doctor,” E9.

45. Campbell, *The Southern Highlander and His Homeland*, 206.

46. Kephart, *Our Southern Highlanders*, 301.

47. Whisnant, *All That Is Native and Fine*.

48. Barney, *Authorized to* Heal,71-99.

49. On the Frontier Nursing Service, see Poole, *Nurses on Horseback*.

50. Prewitt, “Mothers and Babies in Leslie County,” 8 -i0.

51. Barney, *Authorized to Heal*, 102-3.

52. Ibid., 135.

53. Weller, *Yesterday’s People*, 37.

54. See, for example, Pearsall, “Communicating with the Educationally Deprived,” 8 -ii; Gerrard, “Churches of the Stationary Poor in Southern Ap-palachia,” 27i -84.

55. Wharton, *Doctor Woman of the Cumberlands*, 113.

Chapter 2

1. Fischer, *Albion's Seed*, 609, 633. Historians estimate that between 200,000 to 250,000 immigrants from the Ulster province in northern Ireland came to America between 1718 and 1775. The great majority of them, along with the thousands from northern England and lowland Scotland who came during this same period, settled in southwestern Pennsylvania and the "backcountry" of Maryland, Virginia, North Carolina, South Carolina, Georgia, Kentucky, and Tennessee.

2. Ibid., 621.

3. David Hufford, "Contemporary Folk Medicine," 228-29.

4. For information on social stratification in Southern Appalachia, see Walls and Billings, "The Sociology of Southern Appalachia," 131-44; Schwarzweller, Brown, and Mangalam, *Mountain Families in Transition*,45-58.

5. Glassie, *Pattern in the Material Culture,6*-7.

6. O'Connor, *Healing Traditions,6*.

7. Micozzi, "Characteristics of Complementary and Alternative Medicine," 5.

8. Kleinman, *Patients and Healers in the Context of Culture,49—;60*.

9. Gump, "Possessions and Patterns of Living in Washington County," 216; Mc-Callister, *Frontier Medicine*, 29.

10. Blake, "From Buchan to Fishbein," 20.

11. Gunn, *Domestic Medicine*, 96.

12. McCallister, *Frontier Medicine*, 12.

13. Moss, *Southern Folk Medicine*.

14. Lopes, Moser, and Perkinson, *Appalachian Folk Medicine*, 26.

15. *BWAY*, 73. Another east Tennessee family remedy list dating back to the early i800s is located in the Robert Bell Collection, Archives of Appalachia, East Tennessee State University. It contains remedies for colic, gravel, dropsy, sore leg "or any old sore," (skin) cancer, "cold in childbed," measles, "an effectual cure for the bloody flux in children," rheumatism, pain in the back, "swelld" feet and ankles, scald head, and toothache. Also in the Archives of Appalachia is a remedy list prepared "for future generations" by Mrs. Nevada Parker Derting, Scott County, Virginia (CFMC, no. 161), which well illustrates typical folk materia medica used at the turn of the twentieth century. A more recent example (i985) is Mrs. Blanche Brown's booklet of helpful hints and advice, which contains a four-page section entitled "Ailment Remedies and Health Hints" (CFMC, no. i2i). Mrs. Brown resides in Greene County, Tennessee.

16. Foster and Anderson, *Medical Anthropology*, 54.

17. Ibid., 53.

18. Ibid.

19. For a highly informative discussion of humoral pathology, see Haller, *American Medicine in Transition*,3-35.

20. See Michael Logan, "Humoral Medicine in Guatemala," 363-75; Trotter, *Curanderismo*.

21. Michael Logan, "Humoral Medicine in Guatemala."

22. Duffy, *The Healers*, 28.

23. Richmond, "American Attitudes Toward the Germ Theory," 58.

24. Shryock, *Medicine in America*,8.

25. Quoted in Haller, *American Medicine in Transition*, 41.

26. Ibid., 44; Sondley, *A History of Buncombe County*, 432; Moss, *Southern Folk Medicine*,30-31.

27. Rothstein, *American Physicians in the Nineteenth Century*, 53.

28. Duffy, *The Healers*, 230-32; Cassedy, *Medicine in America*, 46.

29. Jobe, “Abraham Jobe Autobiography,” 86-87.

30. Ibid., 81. Jobe is referring to Dr. Edouard Brown-Séquard’s (1817-1894) controversial organotherapy for body rejuvenation, which involved the injection of testicular extracts from animals. See Tansey, “The Physiological Tradition,” 146.

31. Whorton, “Patient, Heal Thyself,” 71.

32. Quoted in Young, *The Toadstool Millionaires*, 78.

33. Indiana Herb Gardens, *The Herb Doctor*, 14.

34. Payer, *Culture and Medicine*.

35. Helman, *Culture, Health, and Illness*, 25.

36. Kleinman, *The Illness Narratives*, 101-3.

37. Haller, *American Medicine in Transition*, 7i.

38. Dundes, “The Number Three in American Culture,” 209.

39. Ibid., 223.

40. Lopes, Moser, and Perkinson, *Appalachian Folk Medicine*, 45.

41. Black, *Folk Medicine*, 108-9.

42. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:67.

43. Bass, “Dog Days,” 68.

44. Kerr, “A Pastor’s View of Religion in Appalachia,” 65 -78.

45. Loyal Jones, “Mountain Religion,” 401.

46. McCauley, *Appalachian Mountain Religion*, 38.

47. Fischer, *Albion’s Seed*, 703 -8.

48. Mooney, “Folk-lore of the Carolina Mountains,” 102.

49. Starr, *The Social Transformation of American Medicine, 35-36*.

50. See, for example, Weller, *Yesterday’s People*;Pearsall, “Communicating with the Educationally Deprived”; Gerrard, “Churches of the Stationary Poor in Southern Appalachia.”

51. Vogel, *American Indian Medicine*,13-21.

52. The best historical source on Cherokee medicine is Mooney and Olbrechts, *The Swimmer Manuscript*, which is based on James Mooney’s research on the Eastern Band of Cherokee in the i880s. As discussed in Hudson, *The Southeastern Indians*, 3i7-76, Cherokee medicine has much in common with that of other indigenous peoples in the southeastern United States.

53. Hudson, *The Southeastern Indians*, 343.

54. Mooney and Olbrechts, *The Swimmer Manuscript*, 83.

55. Ibid., 79.

56. Ibid., 78.

57. Fogelson, “The Conjuror in Eastern Cherokee Society,” 80.

58. Mooney and Olbrechts, *The Swimmer Manuscript,54-57*.

59. Fogelson, “Change, Persistence, and Accommodation,” 218; Neely, *Snowbird Cherokees*, 64.

60. See, for example, Snow, *Walkin’ over Medicine*;Thomas and Thomas, *Kentucky Superstitions*;Waller and Killion, “Georgia Folk Medicine”; Hill, “A Folk Medical Belief System”; Murphree, “A Functional Analysis of Southern Folk Beliefs.”

61. Crowder, “Black Folk Medicine in Southern Appalachia.”

62. Snow, *Walkin’ over Medicine*, 32.

63. On the hoodoo tradition, see Puckett, *Folk Beliefs of the Southern Negro*, 167-310, and Evans, Rice, and Partin, “Parallels in West African, West Indian, and North Carolina Folklore,” 77-84. In *Ozark Magic and Folklore,Vance* Randolph identifies the African/African American influence in Ozark whites’ use of “conjure bags” or “mojos,” hair balls, and “pawpaw conjure” (i70).

64. The use of hoodoo practitioners by whites is documented in Puckett, *Folk Beliefs of the Southern Negro*, 274-75; Hyatt, *Hoodoo-Conjuration-Witchcraft-Rootwork*, 1163, 1323; and, more recently, in Berendt, *Midnight in the Garden of Good and Evil*.

65. Hand, *Popular Beliefs and Superstitions from North Carolina*, 177; Thomas and Thomas, *Kentucky Superstitions*, i02; Waller and Killion, "Georgia Folk Medicine," 73; CFMC, no. 7; Brendle and Unger, *Folk Medicine of the Pennsylvania Germans*, 128.

66. Browne, *Popular Beliefs and Practices from Alabama*, 91.

67. Thompson, "A Vanishing Science," 100.

68. Barrick, *German-American Folklore*, 172.

69. Crowder, "Black Folk Medicine in Southern Appalachia," 22.

70. Anderson, *Texas Folk Medicine*, 60.

71. Bohannon, *Africa and* Aficans,6; E.Jefferson Murphy, *History of African Civilization*, xvi-xvii.

72. Mbiti, *African Religions and Philosophy*, 10.

73. Hyatt, *Folk-Lore from Adams County, Illinois;Tyler, Hoosier Home Remedies*.

74. Massey, *Bittersweet* Country;Randolph, *Ozark Magic and Folklore;* Anderson, *Texas Folk Medicine* and "Popular Beliefs in Texas, Louisiana, and Arkansas"; Babb and Taylor, *Border Healing Woman*.

Chapter 3

1. Gesler, "Therapeutic Landscapes: Medical Issues in Light of the New Cultural Geography" and "Therapeutic Landscapes: Theory and a Case Study of Ep-idauros, Greece."

2. Hudson, *The Southeastern Indians*, 157-58.

3. Mooney and Olbrechts, *The Swimmer Manuscript*,53-54.

4. Ibid., 53.

5. Hand, *Magical Medicine*, 133 -44.

6. Miles, *Spirit of the Mountains*,19.

7. Ibid.; Raine, *Land of Saddlebags*, 211.

8. JHC, nos. 17, 72.

9. Painter, *An Appalachian Medley*.

10. Cayleff, "Gender, Ideology, and the Water-Cure Movement," 82-83.

11. WCR,1-2.

12. Hicks, *Appalachian Valley*,55-56.

13. Awiakta, *Selu*, 154.

14. Personal communication with the author, 2001.

15. Quoted in Singer, "God and Football," 38.

16. Personal communication with an official from Edgar Cayce's Association for Research and Enlightenment, Virginia Beach, Virginia, 2 April 2003.

17. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:89.

18. Ewing and Sanford, "Botanicals of the Blue Ridge," 16.

19. Price, "Root Digging in the Appalachians," i0.

20. Ibid., 11.

21. Ora Jones, *Peculiarities of the Appalachian Mountaineers*, 74. Cooper and Cooper, *The Pond Mountain Chronicle*, 15, 22, 73, note that for some families root digging provided much-needed cash for purchasing basic necessities like clothing.

22. See, for example, Krochmal, Walters, and Doughty, *A Guide to Medicinal Plants of Appalachia*.

23. Lane, "The Collection of Medicinal Plants."

24. Reported in Mary Hufford, "American Ginseng and the Idea of the Commons," 3 -18.

25. Ibid., 15.

26. CFMC, no. 107.

27. Mary Hufford, "Tending the Commons," 15-16.

28. Personal communication with John Warner, February 2002.

29. Woodside, "Planting a New Industry in the North Carolina Mountains," 7-10.

30. Bolyard, *Medicinal Plants and Homes Remedies*.

31. Wilson, "Local Plants in Folk Remedies," 320.

32. Lornell, "'Sod' Rogers: Tipton County Herbalist," 63.

33. Roueche, *The Orange Man and Other Narratives*, 258-76.

34. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:324.

35. Rohde, *The Old English Herbals,1-41*, 98-H9.

36. Crellin and Philpott, *Herbal Medicine Past and Present*, 2:324.

37. Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 3 -4.

38. Bolyard, *Medicinal Plants and Home Remedies*, 19.

39. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:25.

40. Vogel, *American Indian Medicine*, 276, 286, 337, 341, 380, 397. Vogel sometimes relies on specious information to support his argument about the contribution of Native American botanical knowledge to Euro-Americans. To give but one example, on page 282 he cites an event recorded in Wooster Beach's *The American Practice Condensed, Or the Family Physician* (1857) where "500 Indians of the Oneida tribe were attacked by dysentery in one season, and all recovered by the use of blackberry root, while their white neighbors 'fell before the disease.'" It is difficult to imagine that the whites would not have known about blackberry root. As noted in Crellin and Philpott, *Herbal Medicine Past and Present*, 2:112, it was well known in Europe for the treatment of "flux" (diarrhea) and "bloody flux" (dysentery) long before European settlement of the New World. Southern Appalachians were certainly familiar with its antidiarrheal effect.

41. Hamel and Chiltosky, *Cherokee Plants and Their Uses*. Some of the medicinal plants adopted from whites by the Cherokee include red clover, balm of Gilead, catnip, ground ivy, plantain, asafetida, peach, dandelion, black pepper, cayenne pepper, and parsley.

42. Mooney and Olbrechts, *The Swimmer Manuscript*, 82.

43. Rothstein, "The Botanical Movements and Orthodox Medicine," 41 -42.

44. Vogel, *American Indian Medicine*, 130-36.

45. Gunn's *Domestic Medicine*, 360-406, contains information on the identification and use of medicinal plants. See also Indiana Herb Gardens, *The Herb Doctor*. An 1885 edition of the *Farmers' Business Record*, an account ledger printed in Cincinnati, Ohio, AppMs 142, Archives of Appalachia, East Tennessee State University, lists several botanical remedies such as sage, myrrh, peppermint water, gum Arabic (asafetida), gentian extract, and oil of clove.

46. BMC, no. 76.

47. This statement is presented in an exhibit housed at the Ducktown Museum and is attributed to N. B. Polk. A similar statement is contained in another piece of promotional literature, "Isabella High School Announcement" (1897-98), by W. P. Haynes, principal, in the same museum.

48. Wilson, "Folklore in Certain Professions," 2. The prevalence of opium addiction at the turn of the twentieth century is not known, but it was a significant health problem. The amount of crude opium imported to the United States increased from 24,000 pounds in 1840 to 416,864 pounds in

1872, and by the 1890s Americans were using a half million pounds of crude opium per year. See Duffy, *The Healers*, 233.

49. Armstrong and Armstrong, *The Great American Medicine Show*, 163.

50. John A. Jones Collection, Archives of Appalachia.

51. Young, *The Toadstool Millionaires*, 78.

52. Papers of the East Tennessee Medicine Company, Cass Family Business Collection, Archives of Appalachia.

53. John A. Jones Collection, "Seven Springs Iron and Alum Mass Almanac."

54. Ibid., "Andrews Almanac."

55. Cavender and Beck, "Generational Change, Folk Medicine, and Medical Self-Care."

56. Ibid.

57. Pendelton, "The Doctor Is IN (Town)," 44.

58. Hart, "Dr. Enuf Is Still Here" 17; Pendelton, "The Doctor Is IN (Town)," 44.

59. Swiney, "Enuf Is Enough," 20-21.

60. Ibid., 21.

61. This customer testimonial appeared in a recent (2001) Dr. Enuf advertisement.

Chapter 4

1. As described, for example, in Vogel, *American Indian Medicine*, 214.

2. David Hufford, "Folk Medicine in Contemporary America," 16.

3. O'Connor and Hufford, "Understanding Folk Medicine," 15.

4. White, "Physician and Professional Perspectives," 24-29.

5. Ibid.

6. Commentary on the effectiveness of medicinal plants is based on Crellin and Philpott, *Herbal Medicine Past and Present, vol*. 2; Krochmal, Walters, and Doughty, *A Guide to Medicinal Plants of Appalachia;* and Tyler, *The Honest Herbal*.

7. Bolyard, *Medicinal Plants and Home Remedies*, 136; Clark, "North Carolina Popular Beliefs and Superstitions," 12; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:272; Hand, *Popular Beliefs and Superstitions from North Carolina*,119; HCC, no. 12; Roberts, "Floyd County Folklore," 54.

8. Betts, "Folk Medicine in Harnett County," 91; Bolyard, *Medicinal Plants and Home Remedies*, 60; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 7; McGlasson, "Superstitions and Folk Beliefs of Overton County," 18; Norris, "Folk Medicine of Cumberland County," 102; *CHR*, 17.

9. Clark, "North Carolina Popular Beliefs and Superstitions," 12; CHR, 20; Wigginton, "Home Remedies," 231; Parris, "Folklore and Folkways," 512; Red-field, "Superstitions and Folk Beliefs," 14;

10. *CHR*, 17; Pedigo, "Chihuahua: Asthma Cure," 135-36; Woodbridge, "Asthma and the Chihuahua," 133-36.

11. Rinzler, *Dictionary of Medical Folklore*, 16.

12. BMC, no. 84; Farr, "Folk Remedies," 5; Gainer, *Witches, Ghosts, and Signs*, 111; HCC, no. 6; Lewis, "On the Popular Materia Medica of East Tennessee," 273; Redfield, "Superstitions and Folk Beliefs," 15; Stuart, "The Yarb Doctor," 10; Thomas and Thomas, *Kentucky Superstitions*, 110; Wigginton, "Home Remedies," 231 For more information on the technique of "measuring" in Euro-American folk medicine, see Hand, *Magical Medicine*, 107-22.

13. Some of the many plants reported include boneset, butterfly weed, catnip, comfrey, ginger, horehound, horsemint, mullein, pennyroyal, peppermint, pine, rabbit tobacco, ratsbane (better known

as “ratsvein” in Southern Appalachia), sassafras, and spicewood.

14. BMC, nos. 74,76; Bolyard, *Medicinal Plants and Home Remedies*, 133; CFMC, nos. 36, 110; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:106, 308; LMAS, no. 143; Mason, “Home Remedies of West Virginia,” 28; McGlassen, “Superstitions and Folk Beliefs of Overton County,” 15; McWhorter, “Superstitions from Russell County, Kentucky,” 13; Norris, “Folk Medicine of Cumberland County,” i03; Rogers, *Early Folk Medical Practices in Tennessee*, 18; Thomas and Thomas, *Kentucky Superstitions*, 99; Watkins and Watkins, *Yesterday in the Hills*, 126; Wigginton, “Home Remedies,” 234; Wilson, “Local Plants in Folk Remedies,” 324.

15. Betts, “Folk Medicine in Harnett County,” 93; CFMC, nos. 6, 24, 36, 105; HCC, nos. 7, 8, 10, 11; Douglas, “The People of Cades Cove,” 84; Hiltons Collection, Archives of Appalachia, East Tennessee State University; *BWAY*, 32; LMAS, nos. 118, 139, 143; Mullins, “Herbs of the Southern Highlands,” 38-39; Norris, “Folk Medicine of Cumberland County,” 103; Oliver, *Hazel Creek from Then til Now*, 33; Reynolds, “Grandma’s Handbook,” 13; TBC, nos. 9, 11, 12, Thomas and Thomas, *Kentucky Superstitions*, 99; Wigginton, “Home Remedies,” 234. The onion poultice was the most frequently reported remedy for chest congestion in the Hiltons study (39 of 95 reports), followed by Vicks Salve (20) and turpentine and lard (6).

16. CFMC, nos. 23, 50, 106; Hiltons Collection; *BWAY*, 65; Mason, “Home Remedies of West Virginia,” 33; Rogers, *Early Folk Medical Practices in Tennessee*, 18; TBC, no. 12; Wigginton, “Home Remedies,” 234.

17. Carter, “Mountain Superstitions,” 1; CFMC, nos. 6, 17; Hiltons Collection; HCC, no. 2; Hunter, “Folk Remedies on Man and Beast,” 98.

18. Betts, “Folk Medicine in Harnett County,” 91, 93; CFMC, nos. 36, 105; *CHR*, 19, 20; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:65; HCC, no. 12; Hiltons Collection; Quillen, *In the East Kentucky Hills*, i72; Thomas and Thomas, *Kentucky Superstitions*, 99;

19. Helman, “‘Feed a Cold, Starve a Fever,’” 107-37.

20. Patrick Logan, *Irish Country Cures*,8.

21. Bolyard, *Medicinal Plants and Home Remedies*, 125; BMC, nos. 57, 75; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:151-52; *CHR*, 14; Clark, “North Carolina Popular Beliefs and Superstitions,” 18; *BWAY*, 66, 70, 77; Irwin, *Alex Stewart*, 144; Watkins and Watkins, *Yesterday in the Hills*, 126; Wigginton, *The Foxfire Book*, 236.

22. Betts, “Folk Medicine in Harnett County,” 91; CFMC, nos. 23, 34, 36; *CHR*, 14, 22, 48; Clark, “North Carolina Popular Beliefs and Superstitions,” 17-18; HCC, no. 12; Hiltons Collection; *BWAY*, 68,72,77; LMAS, nos. 119-20, 143-44; Long, “Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties,” 2; Quillen, *In the East Kentucky Hills*, 171; Solomon and Solomon, *Cracklin Bread and Asfidity*, 177; Watkins and Watkins, *Yesterday in the Hills*, 126; Wigginton, *The Foxfire Book*, 236.

23. BMC, no. 57.

24. Some of the botanicals reported in sources include boneset leaves, burvine root, catnip leaves, cayenne peppers, feverweed root, ginger root, horsemint leaves, plantain root and leaves, pine tops, pennyroyal leaves, ragweed leaves, sassafras root bark, spicewood twigs, wild cherry bark, and willow bark. See BMC, nos. 35, 56, 57, 66, 67,70,71,74; Bolyard, *Medicinal Plants and Home Remedies*, 59, 65, 88, 125; *CHR*, 46; Clark, “North Carolina Popular Beliefs and Superstitions,” 21; Cooper, *North Carolina Mountain Folklore*, 12; Deskins, “Healing from the Hills,” 62; Gainer, *Witches, Ghosts, and Signs*, 108; HCC, nos. 3, 4, 10; *BWAY*, 27; Irwin, *Alex Stewart*, 142; LMAS, nos. 8, 39, 143 -44; Long, “Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties,” 6; Redfield, “Superstitions and Folk Beliefs,” 17; Solomon and Solomon, *Cracklin Bread and Asfidity*, 175; Stuart, “Remedies That Stand Out in Memory,” 60; Wigginton, *The Foxfire Book*, 239.

25. BMC, no. 68; Craft, “Superstitions from Frenchburg, Kentucky,” 16; HCC, nos. 7, 8; Joslin, *Our Mountain Heritage*, 48; Rogers, *Early Folk Medical Practices in Tennessee*, 28; Wilson, “Local

Plants in Folk Remedies," 324, and "Folklore in Certain Professions," 2.

26. CFMC, no. 26; McWhorter, "Superstitions from Russell County," 12; Reynolds, "Grandma's Handbook," 13; Solomon and Solomon, *Cracklin Bread and Asfidity*, 160, 174.

27. Lewis, "On the Popular Materia Medica of East Tennessee," 274.

28. CFMC, no. 36.

29. Bush, *Dorie*, 142; Clark, "North Carolina Popular Beliefs and Superstitions," 24; Farr, "Folk Remedies," 4; Hunter, "Folk Remedies on Man and Beast," i05.

30. Clark, "North Carolina Popular Beliefs and Superstitions," 24.

31. Hall, "Health and Illness in the Great Smokies," 16.

32. See, for example, BMC, no. 74; Clark, "North Carolina Popular Beliefs and Superstitions," 27; Hall, "Health and Illness in the Great Smokies," i6; HCC, no. 11; *BWAY*, 33; Irwin, *Alex Stewart*, 140; Parker, "Folk-Lore of the North Carolina Mountaineers," 248; Quillen, *In the Kentucky Hills*, 172; Sanderson, *County Scott and Its Mountain Folk*, i66; Solomon and Solomon, *Cracklin Bread and Asfidity*, 170-71; Wigginton, *The Foxfire Book*, 243.

33. Professional storyteller Ray Hicks, who grew up in Banner Elk, North Carolina, told about the time he nearly got "[wet] cupped" when he was a boy in the early i920s, not for pneumonia but for being too "stout": "I was as stout as a bear. I was just that fat. A woman named Lovey used to come around, said I ought to be cupped. Now cupping, you slit a cross with a knife [on the back?], light a match to a paper and catch it in a glass and put that on the slit to suck the blood out, thought there was too much blood or something. She came to cup me, and I got away and climbed under the house where she couldn't get me" (Joslin, "Ray Hicks, Storyteller," 57, 61).

34. Clark, "North Carolina Popular Beliefs and Superstitions," 27.

35. The change was no doubt influenced by physicians, as illustrated in the following narrative in Bush, *Dorie*, 161: "The good doctor was said to be seen throwing quilts out the front door of a house where his patient had pneumonia. The poor man was burning up with fever, and his worried, well-meaning wife was trying to keep him warm and help him get well." See also CFMC, nos. 3, 36.

36. Betts, "Folk Medicine in Harnett County," 9i; Bolyard, *Medicinal Plants and Home Remedies*, ii9; CFMC, nos. 30, 34; CHR, 45; Clark, "North Carolina Popular Beliefs and Superstitions," 30; *BWAY*, 30, 39; LMAS, nos. 39, 72, 74; Mason, "Home Remedies of West Virginia," 29; Norris, "Folk Medicine of Cumberland County," i08; Wigginton, *The Foxfire Book*, 244-45.

37. *CHR*, 16; Clark, "North Carolina Popular Beliefs and Superstitions," 30; Douglas, "The People of Cades Code," 84; Lumpkin, "Remedies," 68; Wigginton, *The Foxfire Book*, 244-45.

38. BMC, no. 63; *CHR*, 23; Clark, "North Carolina Popular Beliefs and Superstitions," 31; Farr, "Folk Remedies," 4; HCC, no. 2; *BWAY*, 17; McWhorter, "Superstitions from Russell County, Kentucky," 13; Stuart, "The Yarb Doctor," 8; Thomas and Thomas, *Kentucky Superstitions*, 99; Wigginton, *The Foxfire Book*,

39. Bolyard, *Medicinal Plants and Home Remedies,49-50;* CFMC, nos. 77, 111; Clark, "North Carolina Popular Beliefs and Superstitions," 17; Crellin and Phil-pott, *Herbal Medicine Past and Present*, 2:299; Gainer, *Witches, Ghosts, and Signs*, 107; HCC, no. 10; Hunter, "Folk Remedies on Man and Beast," 103; LMAS, no. 143-44; Wigginton, *The Foxfire Book*, 236;

40. Irwin, *Alex Stewart*, i43; CFMC, nos. 34, 36, 72, 73, 74, 75, 76, 77, 78, ii0; Mason, "Home Remedies of West Virginia," 34; LMAS, nos. 74, 139.

41. Bolyard, *Medicinal Plants and Home Remedies*, 128; BMC, no. 83; CFMC, nos. 7, 16, 36, 43, 58, 92, 93, 95, 107; Clark, "North Carolina Popular Beliefs and Superstitions," 19; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:111; Evans, Kileff, and Shelley, *Herbal Medume,6;* Gainer, *Witches, Ghosts, and Signs*, 102; *BWAY*, 15, 18, 19; Hunter, "Folk Remedies on Man and Beast," 103; LMAS, nos. 74, 121, 143; Parris, "Folklore and Folkways," 514; Wigginton, *The Foxfire Book*, 236.

42. Crellin and Philpott, *Herbal Medicine Past and Present*, 2:112.

43. Clark, "North Carolina Popular Beliefs and Superstitions," 19; Watkins and Watkins, *Yesterday in the Hills*, i26.

44. CFMC, nos. i3, 44, 53, 56, 57, 66, 96, i02; Lumpkin, "Remedies," 68; Solomon and Solomon, *Cracklin Bread and Asfidity*, 151-52.

45. Bolyard, *Medicinal Plants and Home Remedies*, 15, 133; CFMC, nos. 68, 75; Clark, "North Carolina Popular Beliefs and Superstitions," 27; Crellin and Phil-pott, *Herbal Medicine Past and Present*, 2:359; VWC, 22.

46. Bolyard, *Medicinal Plants and Home Remedies*, 79.

47. CFMC, nos. 4, 5, 26, 32, 45, 47, 5i, 52, 58, 67; Clark, "North Carolina Popular Beliefs and Superstitions," 27; VWC, 22; Wilson, "Animal Products and Minerals in Folk Medicines," i79.

48. CFMC, no. 78; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:ii7; Hunter, "Folk Remedies on Man and Beast," i03; *BWAY*, 27; Thomas and Thomas, *Kentucky Superstitions*, ii0.

49. Kephart, *Our Southern Highlanders*, 296.

50. Miles, *Spirit of the Mountains*, 19.

51. Bolyard, *Medicinal Plants and Home Remedies*, 25. CFMC, nos. 5, 30, 36, 52, 56, 57, 72, 77, 78, 84, 92, 101; Clark, "North Carolina Popular Beliefs and Superstitions," 23; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:132, 465; Evans, Kileff, and Shelley, *Herbal Medume,6;* HCC, nos. 4, 9, 10, 12, 15; Irwin, *Alex Stewart*, 143; Mullins, "Herbs of the Southern Highlands," 41; TBC, no. 5;VWC, 22.

52. CFMC, nos. 15, 26, 44, 48; Gainer, *Witches, Ghosts, and Signs*, 108; *BWAY*, 15, 38; LMAS, no. 143; VWC, 22.

53. Clark, "North Carolina Popular Beliefs and Superstitions," 20; Norris, "Folk Medicine of Cumberland County," i08; Parker, "Folk-Lore of the North Carolina Mountaineers," 249.

54. CFMC, nos. 82, 83; HCC, no. 14.

55. Betts, "Folk Medicine in Harnett County," 92; CFMC, nos. 4, 8, 9, 12, 15, 20, 26, 32, 34, 39, 40, 41, 43, 46, 47, 50, 51, 53, 61, 62, 63, 65, 67, 68, 70, 71, 73, 76, 85,87, 88, 93, 112.

56. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:168-69.

57. CFMC, nos. 32, 39; *CHR*, 11; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:151, 293, 299, 309; Hunter, "Folk Remedies on Man and Beast," 103; Mason, "Home Remedies of West Virginia," 31; VWC, 22.

58. CFMC, nos. 33, 36, 59, 62, 71, 72, 73, 89, 106.

59. Rogers, *Early Folk Medical Practices in Tennessee*, 31.

60. Thomas and Thomas, *Kentucky Superstitions*, 108; CFMC, no. 36.

61. Ellis, *Medicine in Kentucky*,24-25.

62. Hall, "Health and Illness in the Great Smokies," 63.

63. Ellis, *Medicine in Kentucky*, 24.

64. BMC, nos. 55, 84; Hannum, *Look Back with Love*, 62; JHC, notations from columns written by Carson Brewer in the *Knoxville News Sentinel*, 1973; VWC, 22.

65. BMC, nos. 69, 77; Browne, *Popular Beliefs and Superstitions from Alabama*, 117; Clark, "North Carolina Popular Beliefs and Superstitions," 34; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:269; CFMC, nos. 4, 5, 7, 20, 91, 96; Hunter, "Folk Remedies on Man and Beast," 104; *BWAY*, 10; Norris, "Folk Medicine of Cumberland County," 110; Oliver, *Hazel Creek from Then til Now*, 33; Rogers, *Early Folk Medical Practices in Tennessee*, 17; VWC, 22; Watkins and Watkins, *Yesterday in the Hills*, 127; Wigginton, *The Foxfire Book*, 247.

66. CFMC, nos. 53, 58, 59, 60, 61, 62, 87, 97; CHR,10-11; Evans, Kileff, and Shelley, *Herbal Medicine*, 22; HCC, nos. 4, 10, 14; Hunter, "Folk Remedies on Man and Beast," 104; LMAS, nos. 73, 74, 117; Rogers, *Early Folk Medical Practices in Tennessee*, 22.

67. CHR,10-11.

68. *BWAY*, i0; Wigginton, *The Foxfire Book*, 247.

69. Wigginton, *The Foxfire Book*, 247.

70. Browne, *Popular Beliefs and Practices from Alabama*, 117; Mason, "Home Remedies of West Virginia," 29; Gainer, *Witches, Ghosts, and Signs*, 108; Thomas and Thomas, *Kentucky Superstitions*, 116.

71. Browne, *Popular Beliefs and Practices from Alabama,78-79;* Crellin and Philpott, *Herbal Medicine Past and Present*, 2^97-98; Hand, *Popular Beliefs and Superstitions from North Carolina*, 232; Solomon and Solomon, *Cracklin Bread and Asfidity*, 161; Rogers, *Early Folk Medical Practices in Tennessee*, 15, 49.

72. Browne, *Popular Beliefs and Practices from Alabama*, 79; Reecer, "Folklore in Graves County," 123; Solomon and Solomon, *Cracklin Bread and Asfidity*, 161; Wilson, "Local Plants in Folk Remedies," 326.

73. Browne, *Popular Beliefs and Practices from Alabama*, 78; Clark, "North Carolina Popular Beliefs and Superstitions," 25.

74. Browne, *Popular Beliefs and Practices from Alabama*, 78; Rogers, *Early Folk Medical Practices in Tennessee*, 50.

75. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:59; Hand, *Popular Beliefs and Superstitions from North Carolina*, 275; Platt and Ogden, *Medical Men and Institutions of Knox County*, 90.

76. Browne, *Popular Beliefs and Practices from Alabama*, 94; Hand, *Popular Beliefs and Superstitions from North Carolina*, 275; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 3.

77. Platt and Ogden, *Medical Men and Institutions of Knox County*, 90.

78. Bolyard, *Medicinal Plants and Home Remedies*, 75; Browne, *Popular Beliefs and Practices from Alabama*, 110; CFMC, no. 161; Hamby, *Memoir of Grassy Creek*, 156; Hand, *Popular Beliefs and Superstitions from North Carolina*, 160, 307-8; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 4; Rogers, *Early Folk Medical Practices in Tennessee*, 16, 17; Watkins and Watkins, *Yesterday in the Hills*, i33.

79. Reynolds, "Grandma's Handbook," 13.

80. Ibid.

81. Mooney and Olbrechts, *The Swimmer Manuscript*, 76.

82. Randolf, "Tuberculosis Clinics in Virginia Mountain Hollows," 12.

83. Douglas, "The People of Cades Cove," 85.

84. Bolyard, *Medicinal Plants and Home Remedies*, 65, 144; Browne, *Popular Beliefs and Practices from Alabama*, 110; Clark, "North Carolina Popular Beliefs and Superstitions," 32; Hannum, *Look Back with Love*, 67; Mullins, "Herbs of the Southern Highlands," 39; Sanderson, *County Scott and Its Mountain Folk*, 166;VWC, 22.

85. Bush, *Dorie*, 165.

86. Thomas and Thomas, *Kentucky Superstitions*, i2i; Rogers, *Early Folk Medical Practices in Tennessee*, 2i.

87. Hand, *Popular Beliefs and Superstitions from North Carolina*, 308; McWhorter, "Superstitions from Russell County, Kentucky," 13; Watkins and Watkins, *Yesterday in the Hills*, 126, 132.

88. Campbell, *The Southern Highlander and His Homeland*, 215-16.

89. McMullen, "Trachoma," 130. See also Stucky, "Trachoma: Scourge of the Mountains," 3 -6.

90. Browne, *Popular Beliefs and Practices from Alabama,61-63;* CFMC, no. 36; Clark, "North Carolina Popular Beliefs and Superstitions," 21; Farr, "Folk Remedies," 5; *WCR*, 36; Hand, *Popular*

Beliefs and Superstitions from North Carolina, 180-81; Irwin, *Alex Stewart*, 145; Lewis, "On the Popular Materia Medica of East Tennessee," 276; Norris, "Folk Medicine of Cumberland County," 108; Parris, "Folklore and Folkways," 514; Redfield, "Superstitions and Folk Beliefs," 20; Thomas and Thomas, *Kentucky Superstitions*, 103; VWC, 22.

91. Browne, *Popular Beliefs and Practices from Alabama*, 105; Craft, "Superstitions from Frenchburg, Kentucky," 16; Hand, *Popular Beliefs and Superstitions from North Carolina*, 296-97; McGlasson, "Superstitions and Folk Beliefs of Overton County," 16.

92. Patrick Logan, *Irish Country Cures*, 58; Redfield, "Superstitions and Folk Beliefs," 20.

93. Browne, *Popular Beliefs and Practices from Alabama*, i05; Clark, "North Carolina Popular Beliefs and Superstitions," 31; Hand, *Popular Beliefs and Superstitions from North Carolina*, 294-95; *BWAY*, 19; Mason, "Home Remedies of West Virginia," 30; McGlasson, "Superstitions and Folk Beliefs of Overton County," 17; Wigginton, *The Foxfire Book*, 238.

94. Clark, "North Carolina Popular Beliefs and Superstitions," 31; *BWAY*, 18, 19; Hand, *Popular Beliefs and Superstitions from North Carolina*, 294.

95. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:149; Hand, *Popular Beliefs and Superstitions from North Carolina*, 129; McWhorter, "Superstitions from Russell County, Kentucky," 13; Norris, "Folk Medicine of Cumberland County," 108; Wigginton, *The Foxfire Book*, 244.

96. Betts, "Folk Medicine in Harnett County," 90-91; BMC, nos. 68,74,75, 84; Browne, *Popular Beliefs and Practices from Alabama*, 37; CFMC, nos. 10, 30, 34, 36; Clark, "North Carolina Popular Beliefs and Superstitions," 13; Craft, "Superstitions from Frenchburg, Kentucky," 15; Hand, *Popular Beliefs and Superstitions from North Carolina*, 130; HCC, no. 5; Irwin, *Alex Stewart*, 148; Mason, "Home Remedies of West Virginia," 30; Norris, "Folk Medicine of Cumberland County," 108; Redfield, "Superstitions and Folk Beliefs," 19; TBC, no. 9; Thomas and Thomas, *Kentucky Superstitions*, 96; Watkins and Watkins, *Yesterday in the Hills*, 131; Wigginton, *The Foxfire Book*, 244. In the Hiltons Collection, the most frequently reported boil remedy is application of "fatmeat" (51 of 109) followed by pine "rosin" (resin) (19), and eggshell membrane (17).

97. HCC, no. i4; CFMC, no. 36.

98. Bolyard, *Medicinal Plants and Home Remedies*, 130; Browne, *Popular Beliefs and Practices from Alabama*, 144; CFMC, nos. 11, 23, 34, 36, 42, 43, 44, 45, 47, 49, 50, 51, 52, 53; Clark, "North Carolina Popular Beliefs and Superstitions," 14; Gainer, *Witches, Ghosts, and Signs*, 101; Hand, *Popular Beliefs and Superstitions from North Carolina*, 137; *BWAY*, 22; LMAS, no. 8; Mullins, "Herbs of the Southern Highlands," 37; VWC, 22; Wigginton, *The Foxfire Book*, 232.

99. Betts, "Folk Medicine in Harnett County," 91; Browne, *Popular Beliefs and Practices from Alabama*, 144; Clark, "North Carolina Popular Beliefs and Superstitions," 14; Mason, "Home Remedies of West Virginia," 29.

100. Hand, *Popular Beliefs and Superstitions from North Carolina*, 136.

101. LMAS, no. 27.

102. Baker, *Folklore and Customs of Rural England*, 173; Davies, "Healing Charms in Use in England and Wales," 23.

103. Wigginton, "Two Faith Healers Tell Exactly How It's Done," 164.

104. Hall, "Health and Illness in the Great Smokies," 8. See also Browne, *Popular Beliefs and Practices from Alabama*, 45; Hand, *Popular Beliefs and Superstitions from North Carolina*, i38; Thomas and Thomas, *Kentucky Superstitions*, 97.

105. Wigginton, "Two Faith Healers Tell Exactly How It's Done," 164.

106. Browne, *Popular Beliefs and Practices from Alabama*, 43; Hand, *Popular Beliefs and Superstitions from North Carolina*, 135-36; HCC, no. 14; Norris, "Folk Medicine of Cumberland County," 109; O'Dell, "Before You Call the Doctor," 29; Solomon and Solomon, *Cracklin Bread and Asfidity*, 158.

107. BMC, no. 71; Browne, *Popular Beliefs and Practices from Alabama*, 56; Bush, *Dorie*, 24; *CHR*, 19, 32, 34, 51; Craft, "Superstitions from Frenchburg, Kentucky," 15; *BWAY*, 19, 22, 40; LMAS, nos. 121, 143; Mason, "Home Remedies of West Virginia," 33; McWhorter, "Superstitions from Russell County, Kentucky," 13.

108. Craft, "Superstitions from Frenchburg, Kentucky," 15; Guerin, "Some Folkways of a Stewart County Community," 55; HCC, no. 8; *BWAY*, 22. See Rin-zler, *Dictionary of Medical Folklore*, 156, for information on why salt should not be applied to wounds.

109. CFMC, nos. 11, 43, 48, 90, 91, 92; *CHR*,6;Douglas, "The People of Cades Cove," 84; *WCR*, 43; Gainer, *Witches, Ghosts, and Signs*, 110; Guerin, "Some Folkways of a Stewart County Community," 55; Hand, *Popular Beliefs and Superstitions from North Carolina*, 168; HCC, nos. 2, 10, 14; Hunter, "Folk Remedies on Man and Beast," i00; LMAS, no. 73; Mason, "Home Remedies of West Virginia," 33; Oliver, *Hazel Creek from Then to Now*, 33; Roberts, "Floyd County Folklore," 54.

110. Baker, *Folklore and Customs of Rural England*, 179; Beith, *Healing Threads*,171, 187.

111. Rinzler, *Dictionary of MedicalFolklore,48*-49.

112. CFMC, no. 36.

113. Beith, *Healing Threads*, 171; *BWAY*, 74; Patrick Logan, *Irish Country Cures*, 102; Redfield, "Superstitions and Folk Beliefs," 19; Wigginton, *The Foxfire Book*, 244.

114. Browne, *Popular Beliefs and Practices from Alabama*, 46; Hand, *Popular Beliefs and Superstitions from North Carolina*, 141; Gainer, *Witches, Ghosts, and Signs*, 101; *BWAY,9*, 69; VWC, 22; Wigginton, *The Foxfire Book*, 242.

115. *CHR*,4;Clark, "North Carolina Popular Beliefs and Superstitions," i5; HCC, no. 1.

116. CFMC, no. 36.

117. This remedy, which has been documented by the author and his students in eastern Tennessee and western North Carolina, may well be a joke since none of informants who reported it actually used it themselves or knew of anyone who had used it.

118. Browne, *Popular Beliefs and Practices from Alabama*, 52; CFMC, nos. 15, 34, 53, 54, 57, 80, 81, 119, 120; Clark, "North Carolina Popular Beliefs and Superstitions," 22; BWAY,8,9; Solomon and Solomon, *Cracklin Bread and Asfidity*, 136; Wilson, "Animal Products and Minerals in Folk Medicines," 180-81.

119. CFMC, no. 54; Mason, "Home Remedies of West Virginia," 32; Watkins and Watkins, *Yesterday in the Hills*, 131.

120. Hand, *Popular Beliefs and Superstitions from North Carolina*, 249.

121. Browne, *Popular Beliefs and Practices from Alabama*, 52; Hand, *Popular Beliefs and Superstitions from North Carolina*, 158-59; HCC, no. 14; *BWAY,8;* Sanderson, *County Scott and Its Mountain Folk*, 168; Thomas and Thomas, *Kentucky Superstitions*, 104; Wigginton, *The Foxfire Book*, 241; Vance, "Melodic Mountain Memories"; Wilson, "Animal Products and Minerals in Folk Medicines," 179.

122. Brendle and Unger, *Folk Medicine of the Pennsylvania Germans*, 61.

123. Betts, "Folk Medicine in Harnett County," 92; Browne, *Popular Beliefs and Practices from Alabama*, 57; Carter, "Mountain Superstitions," 4; LMAS, no. 61; Norris, "Folk Medicine of Cumberland County," 101; Solomon and Solomon, *Cracklin Bread and Asfidity*, 134-35; Stuart, "Remedies That Stand Out in Memory," 61; Watkins and Watkins, *Yesterday in the Hills*, 130. Bolyard, *Medicinal Plants and Home Remedies*, 20, confuses "fall sores" with impetigo, a bacterial infection that occurs mainly around the nostrils, mouth, and scalp.

124. Browne, *Popular Beliefs and Practices from Alabama*, 77; *CHR*, 18; Craft, "Superstitions from Frenchburg, Kentucky," 14; *WCR*, 25; Hamby, *Memoir of Grassy Creek*, 156; *BWAY*,7,12; TBC, no. 67; Wilson, "Animal Products and Minerals in Folk Medicines," 180.

125. Browne, *Popular Beliefs and Practices from Alabama*, 87; CHR,8; *BWAY,9;* Hunter, "Folk Remedies on Man and Beast," 100; Lumpkin, "Remedies," 65; Nor-ris, "Folk Medicine of Cumberland County," 104-5; Watkins and Watkins, *Yesterday in the Hills*, 131.

126. Browne, *Popular Beliefs and Practices from Alabama*, 101; Bush, *Dorie*, 24; CFMC, nos. 23, 33, 34, 116, 117, 122, 124, 128, 130; Clark, "North Carolina Popular Beliefs and Superstitions," 31; *WCR*, 18; Gainer, *Witches, Ghosts, and Signs*, 103; *BWAY*, 25, 43; Redfield, "Superstitions and Folk Beliefs," 19; Solomon and Solomon, *Cracklin Bread and Asfidity*, 133; Wigginton, *The Foxfire Book*, 240.

127. Browne, *Popular Beliefs and Practices from Alabama*, 102; CFMC, no. 35; Hand, *Popular Beliefs and Superstitions from North Carolina*, 291; Mason, "Home Remedies of West Virginia," 33; Redfield, "Superstitions and Folk Beliefs," 19; Thomas and Thomas, *Kentucky Superstitions*, 115.

128. Browne, *Popular Beliefs and Practices from Alabama*, 102; CFMC, no. 105; *CHR*, 18; Lumpkin, "Remedies," 68; Solomon and Solomon, *Cracklin Bread and Asfidity*, 134.

129. Bolyard, *Medicinal Plants and Home Remedies*, 84; Evans, Kileff, and Shelley, *Herbal Medicine,6;* Gainer, *Witches, Ghosts, and Signs*, 108.

130. Watkins and Watkins, *Yesterday in the Hills*, 129.

131. Betts, "Folk Medicine in Harnett County," 92, 93; Bolyard, *Medicinal Plants and Home Remedies*, i09; Browne, *Popular Beliefs and Practices from Al-abama*,74-75; CFMC, nos. 23, 24, 36; *CHR*, 18, 48; Clark, "North Carolina Popular Beliefs and Superstitions," 24; Craft, "Superstitions from Frenchburg, Kentucky," 15; HCC, no. 10; *BWAY*, 21, 72; LMAS, no. 73; Norris, "Folk Medicine of Cumberland County," 106; Oliver, *Hazel Creek from Then til Now*, 33; Redfield, "Superstitions and Folk Beliefs," 18; TBC, no. 5; Wigginton, *The Foxfire Book*, 241.

132. Watkins and Watkins, *Yesterday in the Hills*, 130.

133. Patrick Logan, *Irish Country Cures*, 69.

134. Browne, *Popular Beliefs and Practices from Alabama,86-87;* Bush, *Dorie*, 24; Gainer, *Witches, Ghosts, and Signs*, i08; Hand, *Popular Beliefs and Superstitions from North Carolina*, 252; Mullins, "Herbs of the Southern Highlands," 40; VWC, 22; Wigginton, *The Foxfire Book*, 240-4L

135. Betts, "Folk Medicine in Harnett County," 9i; Carter, "Mountain Superstitions," 4; CFMC, nos. 35, 77, 97, 98, 106, 107, 110, 113, 114; HCC, no. i0; Hunter, "Folk Remedies on Man and Beast," 100; *BWAY*, 27, 34; LMAS, no. 121.

136. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:152.

137. Betts, "Folk Medicine in Harnett County," 92; Browne, *Popular Beliefs and Practices from Alabama*, 91; Clark, "North Carolina Popular Beliefs and Superstitions," 29; Crellin and Philpott, *Herbal Medicine Past and Present, vol*. 2; *BWAY*, 8, 10; McWhorter, "Superstitions from Russell County, Kentucky," 12.

138. Thomas and Thomas, *Kentucky Superstitions*, 113.

139. Irwin, *Alex Stewart*, 141 -42.

140. Gunn, *Domestic Medicine*, 225-26; Pierce, *The People's Common Sense Medical Adviser*, 441.

141. Rinzler, *Dictionary of Medical Folklore*, 161.

142. CFMC, nos. 119, 122, 126, 139; Lumpkin, "Remedies," 66.

143. Browne, *Popular Beliefs and Practices from Alabama*, 93; CFMC, nos. 116, 119, 125, 133, 139, 140; Clark, "North Carolina Popular Beliefs and Superstitions," 29; *WCR*, 43; Hand, *Popular Beliefs and Superstitions from North Carolina*, 27i-72; HCC, no. 3; *BWAY*, 72; Ora Jones, *Peculiarities of the Appalachian Mountaineers*, 49; Lewis, "On the Popular Materia Medica of East Tennessee," 275; LMAS, no. 61; McWhorter, "Superstitions from Russell County, Kentucky," i2; Roberts, "Floyd County Folklore," 54; VWC, 22.

144. Beith, *Healing Threads*, 166.

145. Ibid., 169; Betts, “Folk Medicine in Harnett County,” 94; Browne, *Popular Beliefs and Practices from Alabama*, 94; Hand, *Popular Beliefs and Superstitions from North Carolina*, 277-79; Mason, “Home Remedies of West Virginia,” 31; Norris, “Folk Medicine of Cumberland County,” 108; O’Dell, “Before You Call the Doctor,” 29; Solomon and Solomon, *Cracklin Bread and Asfidity*, 161-62; Thomas and Thomas, *Kentucky Superstitions*, 114-15; Watkins and Watkins, *Yesterday in the Hills*, i34; Wilson, “Animal Products and Minerals in Folk Medicines,” 178, 180.

146. Browne, *Popular Beliefs and Practices from Alabama*, 94; Bolyard, *Medicinal Plants and Home Remedies*, 63; Hand, *Popular Beliefs and Superstitions from North Carolina*, 279; Hunter, “Folk Remedies on Man and Beast,” 102; Norris, “Folk Medicine of Cumberland County,” i08.

147. Hand, *Popular Beliefs and Superstitions from North Carolina*, 276; Lumpkin, “Remedies,” 66.

148. Browne, *Popular Beliefs and Practices from Alabama*, 95; Hand, *Popular Beliefs and Superstitions from North Carolina*, 282; McGlasson, “Superstitions and Folk Beliefs of Overton County,” 18; Redfield, “Superstitions and Folk Beliefs,” 15.

149. CFMC, no. 36; Hand, *Popular Beliefs and Superstitions from North Carolina*, 96; Norris, “Folk Medicine of Cumberland County,” i08; Rinzler, *Dictionary of Medical Folklore*, 169.

150. Hand, *Popular Beliefs and Superstitions from North Carolina*, 219; McGlas-son, “Superstitions and Folk Beliefs of Overton County,” 18.

151. Forbes, “The Madstone,” 15; Hodge, “Some Madstones of Virginia,” 1-8.

152. Forbes, “The Madstone,” 15. See also CFMC, no. 35; Clark, “North Carolina Popular Beliefs and Superstitions,” 29; Hand, *Popular Beliefs and Superstitions from North Carolina*, 219; Ora Jones, *Peculiarities of the Appalachian Mountaineers*, 54; Thomas and Thomas, *Kentucky Superstitions*, 102.

153. Hodge, “Some Madstones of Virginia,” 2.

154. Watkins and Watkins, *Yesterday in the Hills*, 134.

155. Browne, *Popular Beliefs and Practices from Alabama*, 104; Hand, *Popular Beliefs and Superstitions from North Carolina*, 135; *BWAY*, 42; Long, “Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties,” 1; Redfield, “Superstitions and Folk Beliefs,” 16.

156. Browne, *Popular Beliefs and Practices from Alabama*, 104; Clark, “North Carolina Popular Beliefs and Superstitions,” 14; Gainer, *Witches, Ghosts, and Signs*, 103; McGlasson, “Superstitions and Folk Beliefs of Overton County,” 17; Wilson, “Animal Products and Minerals in Folk Medicines,” 177.

157. McWhorter, “Superstitions from Russell County, Kentucky,” i2. This remedy is also reported in Thomas and Thomas, *Kentucky Superstitions*, 115.

158. Browne, *Popular Beliefs and Practices from Alabama*, 105; Clark, “North Carolina Popular Beliefs and Superstitions,” 32; *WCR*, 40; Hand, *Popular Beliefs and Superstitions from North Carolina*, 297; *BWAY*, 10; *CHR*,7,47.

159. For example, Browne, *Popular Beliefs and Practices from Alabama*, 111-15, lists 167 entries for wart beliefs and cures. Thomas and Thomas, *Kentucky Superstitions*, 122-31, lists 108.

160. Carter, “Mountain Superstitions,” 4; CFMC, nos. 3, 123; Clark, “North Carolina Popular Beliefs and Superstitions,” 33; Guerin, “Some Folkways of a Stewart County Community,” 54; Hunter, “Folk Remedies on Man and Beast,” i06; Lumpkin, “Remedies,” 66; Mason, “Home Remedies of West Virginia,” 34; Rogers, *Early Folk Medical Practices in Tennessee*, 33; Thomas and Thomas, *Kentucky Superstitions*, i22.

161. Betts, “Folk Medicine in Harnett County,” 91; CFMC, no. 36; Clark, “North Carolina Popular Beliefs and Superstitions,” 33; Craft, “Superstitions from Frenchburg, Kentucky,” 16; *BWAY*, 12; Parker, “Folk-Lore of the North Carolina Mountaineers,” 249; Rogers, *Early Folk Medical Practices in Tennessee*, 32.

162. Baker, *Folklore and Customs of Rural England*, 182; Henderson, *Folklore of the Northern Counties of England*, 109; Patrick Logan, *Irish Country Cures*, i20.

163. Clark, "North Carolina Popular Beliefs and Superstitions," 33; HCC, nos. 14, 15; *BWAY*, 11; LMAS, no. 119; McGlasson, "Superstitions and Folk Beliefs of Overton County," 17; Thomas and Thomas, *Kentucky Superstitions*, 123.

164. CFMC, nos. 123, 124; Clark, "North Carolina Popular Beliefs and Superstitions," 33; Farr, "Folk Remedies," 6; Guerin, "Some Folkways of a Stewart County Community," 54; *BWAY*, i2; LMAS, no. 61; Rogers, *Early Folk Medical Practices in Tennessee*, 32.

165. Guerin, "Some Folkways of a Stewart County Community," 54; McGlas-son, "Superstitions and Folk Beliefs of Overton County," 17.

166. JHC, no. 1.

167. Bolyard, *Medicinal Plants and Home Remedies*, 50; Bush, *Dorie*, 75; Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 60; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 3; Oliver, *Hazel Creek from Then til Now*, 33.

168. Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 60.

169. Bolyard, *Medicinal Plants and Home Remedies*, 64; BMC, no. 82; Browne, *Popular Beliefs and Practices from Alabama*, 102-8; CFMC, nos. 9, 12, 16, 20, 21,23, 47, 49, 50, 51, 54, 56, 57, 58; *CHR*,5,44; Clark, "North Carolina Popular Beliefs and Superstitions," 32; Farr, "Folk Remedies," 4; Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 62; Hand, *Popular Beliefs and Superstitions from North Carolina*, 301 -7; HCC, no. 14; *BWAY*, 40; LMAS, no. 74; Mc-Glasson, "Superstitions and Folk Beliefs of Overton County," 13 -14; Solomon and Solomon, *Cracklin Bread and Asfidity*, 167-68; VWC, 22; Wigginton, *The Foxfire Book*, 245.

170. Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 62; Hand, *Popular Beliefs and Superstitions from North Carolina*, 306; Hall, "Health and Illness in the Great Smokies," 21; Thomas and Thomas, *Kentucky Superstitions*, 120.

171. Clark, "North Carolina Popular Beliefs and Superstitions," 32; Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 61; Hand, *PopularBeliefs and Superstitions from North Carolina*, 301, 303, 307; Norris, "Folk Medicine of Cumberland County," 110.

172. Roy Thomas, *Southern Appalachia*, 220.

173. Kephart, *Our Southern Highlanders*, 302.

174. *CHR*,5*;BWAY*, 20.

175. Browne, *Popular Beliefs and Practices from Alabama*, 109; Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 62.

176. Browne, *Popular Beliefs and Practices from Alabama,24-25;* CFMC, no. 36; Clark, "North Carolina Popular Beliefs and Superstitions," 8; Craft, "Superstitions from Frenchburg, Kentucky," 16; Evans, Kileff, and Shelley, *Herbal Medicine*, 22; Farr, "Folk Remedies," 5; Gainer, *Witches, Ghosts, and Signs*, 111; Ruby Garrett, "Traditional Southern Appalachian Dental Practices," 58; Hand, *Popular Beliefs and Superstitions from North Carolina,59-62;* Lewis, "On the Popular Materia Medica of East Tennessee," 274; LMAS, no. 143; Lumpkin, "Remedies," 68; Roberts, "Floyd County Folklore," 54.

177. Gunn, *Domestic Medicine*, 247.

178. BMC, no. 75; Browne, *Popular Beliefs and Practices from Alabama,70-71; CHR*, 17; Clark, "North Carolina Popular Beliefs and Superstitions," 22; *WCR*, 37; Gainer, *Witches, Ghosts, and Signs*, 106; *BWAY*, 26, 75; Lumpkin, "Remedies," 68; Wigginton, *The Foxfire Book*, 239.

179. Browne, *Popular Beliefs and Practices from Alabama*, 70; *CHR*, 17; Hall, "Health and Illness in the Great Smokies," 9; *BWAY*,25-26; Wigginton, *The Foxfire Book*, 17. Of the 84 headache remedy reports in the Hiltons Collection, the most frequently mentioned by informants is aspirin (52), followed by tying a strip of cloth or a red bandanna around the head (14) to constrict blood

flow. Some informants said that years ago a laxative was administered because it was believed that a headache was caused by constipation.

180. Browne, *Popular Beliefs and Practices from Alabama*, 70; Lumpkin, "Remedies," 68.

181. Browne, *Popular Beliefs and Practices from Alabama*, 71; Craft, "Superstitions from Frenchburg, Kentucky," 15; Solomon and Solomon, *Cracklin Bread and Asfidity*, 163.

182. Clark, "North Carolina Popular Beliefs and Superstitions," 22-23; Hand, *Popular Beliefs and Superstitions from North Carolina*, 210; HCC, nos. 12, 14; Par-ris, "Folklore and Folkways," 5i3; Solomon and Solomon, *Cracklin Bread and Asfidity*, 162-63.

183. Browne, *Popular Beliefs and Practices from Alabama*, 70; *CHR*, 47; Clark, "North Carolina Popular Beliefs and Superstitions," 22; Farr, "Folk Remedies," 4; Hand, *Popular Beliefs and Superstitions from North Carolina*, 206-7; Thomas and Thomas, *Kentucky Superstitions*, 105-6.

184. Bolyard, *Medicinal Plants and Home Remedies*, 89; Browne, *Popular Beliefs and Practices from Alabama*, 93; CFMC, nos. 122, 123, 124, 125, 127, 129, 139, 140; Evans, Kileff, and Shelley, *HerbalMedicine,6*, 17; Hunter, "Folk Remedies on Man and Beast," 104; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 3; Wigginton, *The Foxfire Book*, 240.

185. Browne, *Popular Beliefs and Practices from Alabama*, 94; *WCR*, 33; Gainer, *Witches, Ghosts, and Signs*, 106; Thomas and Thomas, *Kentucky Superstitions*, 114.

186. Browne, *Popular Beliefs and Practices from Alabama*, 106; Craft, "Superstitions from Frenchburg, Kentucky," 14; Farr, "Folk Remedies," 5; Lumpkin, "Remedies," 68.

187. Morgan and Tulloss, "The Jake Walk Blues," 806.

188. Ibid., 804.

189. VWC, 22.

190. H. J. Morgan, "Epidemic of Symmetrical Peripheral Neuritis," 175 -76;VWC, 22.

191. Patrick Logan, *Irish Country Cures*,92-96.

192. CFMC, no. 115.

193. CFMC, nos. 1125, 127, 128, 133, 136, 160; Rogers, *Early Folk Medical Practices in Tennessee*, 27; Sanderson, *County Scott and Its Mountain Folk*, 167; Wigginton, *The Foxfire Book*, 232.

194. *BWAY*, 35, 39; HCC, no. 10.

195. Lewis, "On the Popular Materia Medica of East Tennessee," 274.

196. Browne, *Popular Beliefs and Practices from Alabama*, 56; Hand, *Popular Beliefs and Superstitions from North Carolina*, 165; Norris, "Folk Medicine of Cumberland County," 106; Thomas and Thomas, *Kentucky Superstitions*, 101.

197. Browne, *Popular Beliefs and Practices from Alabama*, 56; *CHR*, 13; Clark, "North Carolina Popular Beliefs and Superstitions," 18; Farr, "Folk Remedies," 7; HCC, 7; Thomas and Thomas, *Kentucky Superstitions*, 101; Wigginton, *The Foxfire Book*, 236.

198. Carter, "Mountain Superstitions," 4; *CHR*, 48; Thomas and Thomas, *Kentucky Superstitions*, 101.

199. Browne, *Popular Beliefs and Practices from Alabama*, 90; Gainer, *Witches, Ghosts, and Signs*, 110; Mason, "Home Remedies of West Virginia," 33; Norris, "Folk Medicine of Cumberland County," 107; Redfield, "Superstitions and Folk Beliefs," 18; Rogers, *Early Folk Medical Practices in Tennessee*, 27.

200. Irwin, *Alex Stewart*, 142. See also Gainer, *Witches, Ghosts, and Signs*, 109; Hand, *Popular Beliefs and Superstitions from North Carolina*, 254; Mason, "Home Remedies of West Virginia," 33.

201. Vogel, *American Indian Medicine*, 136.

202. Hand, *Popular Beliefs and Superstitions from North Carolina*, 258.

203. Betts, "Folk Medicine in Harnett County," 92; Bolyard, *Medicinal Plants and Home Remedies*, 109; Browne, *Popular Beliefs and Practices from Alabama*, 89; CFMC, nos. 12, 30, 32,

36, 41, 42, 51, 52, 57, 58, 63, 93, 105, 106; Clark, "North Carolina Popular Beliefs and Superstitions," 28; Evans, Kileff, and Shelley, *Herbal Medicine,6*, 18; *WCR*, 29; HCC, nos. 10, 14; Hand, *Popular Beliefs and Superstitions from North Carolina*, 261; Hunter, "Folk Remedies on Man and Beast," 101; Ora Jones, *Peculiarities of the Appalachian Mountaineers*, 49; O'Dell, "Before You Call the Doctor," 29; Redfield, "Superstitions and Folk Beliefs," 19; Rogers, *Early Folk Medical Practices in Tennessee*, 17, 26; Solomon and Solomon, *Cracklin Bread and Asfidity*, 156; Thomas and Thomas, *Kentucky Superstitions*, 112-13; Wigginton, *The Foxfire Book*, 243.

204. Farr, "Folk Remedies," 5; Hand, *Popular Beliefs and Superstitions from North Carolina*, 254; Solomon and Solomon, *Cracklin Bread and Asfidity*, 156.

205. Conwell, "Tennessee Remedies," 89-90.

206. BMC, no. 84; Browne, *Popular Beliefs and Practices from Alabama*, 88, 90; Carter, "Mountain Superstitions," 4; Clark, "North Carolina Popular Beliefs and Superstitions," 28; Craft, "Superstitions from Frenchburg, Kentucky," 14, 16; Farr, "Folk Remedies," 5; Gainer, *Witches, Ghosts, and Signs*, 110; Hand, *Popular Beliefs and Superstitions from North Carolina*, 258, 262, 266; HCC, nos. 12, 15; Lumpkin, "Remedies," 66, 68; Mason, "Home Remedies of West Virginia," 31; Norris, "Folk Medicine in Cumberland County," 107; Reecer, "Folklore in Graves County,"122; Watkins and Watkins, *Yesterday in the Hills*, 133; Wigginton, *The Foxfire Book*, 243.

207. *WCR*, 23.

208. See, for example, Waggoner, *The Poor Man's Medicine Bag*, 50.

209. Browne, *Popular Beliefs and Practices from Alabama*, 85; Gainer, *Witches, Ghosts, and Signs*, 102; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 6; TBC, no. 67.

210. Conwell, "Tennessee Remedies," 89.

211. Cavender et al., *A Folk Medical Lexicon of South Central Appalachia*.

212. Betts, "Folk Medicine in Harnett County," 92; Browne, *Popular Beliefs and Practices from Alabama*, 100; CFMC, nos. 123, 130, 135, 136, 139, 140, 141; Clark, "North Carolina Popular Beliefs and Superstitions," 31; Craft, "Superstitions from Frenchburg, Kentucky," 15; *WCR*, 13; Hand, *Popular Beliefs and Superstitions from North Carolina*, 288-89; Norris, "Folk Medicine of Cumberland County," 109; Reynolds, "Grandma's Handbook," 13; TBC, no. 9.

213. BMC, no. 66; CFMC, no. 30; *BWAY*, 22; Hunter, "Folk Remedies on Man and Beast," 102; Vance, "Melodic Mountain Memories," 6; Wilson, "Animal Products and Minerals in Folk Medicines," i77.

214. CFMC, nos. 124,127, 134, 138; Lumpkin, "Remedies," 68. Of the 109 treatments reported for a sprained ankle in the Hiltons Collection, wrapping the ankle tightly with a piece of cloth ranks first (27), followed by soaking the ankle in warm water with Epsom salts or salt (13). One informant remembered his parents applying an "apple pummy poultice" (the renderings left from making apple cider vinegar), and another recalled packing the ankle with a paste made from a dirt dauber's nest and then wrapping it tightly with a cloth.

215. BMC, no. 70; Bolyard, *Medicinal Plants and Home Remedies*, 131; CFMC, nos. 13, 30, 92, 121; *WCR*, 40. The Hiltons Collection contains 14 reports for treating bedwetting; of these, spanking and washing a child's face with the wet sheets are mentioned 4 and 3 times, respectively.

216. Sanderson, *County Scott and Its Mountain Folk*, 177.

217. Bolyard, *Medicinal Plants and Home Remedies*, 91; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 6.

218. CFMC, nos. 1, 6, 16, 20, 23, 26, 34, 39, 44, 46, 48, 78, 81, 83, 84, 93.

219. Browne, *Popular Beliefs and Practices from Alabama*, 47; CFMC, nos. 30, 36, 90; Clark, "North Carolina Popular Beliefs and Superstitions," 15; *WCR*, 47; Hand, *Popular Beliefs and Superstitions from North Carolina*, 141-42; *BWAY*, 17; Hunter, "Folk Remedies on Man and Beast," 99; Ora Jones, *Peculiarities of the Appalachian Mountaineers*, 50; Norris, "Folk Medicine of

Cumberland County," 103; Redfield, "Superstitions and Folk Beliefs," 16; Watkins and Watkins, *Yesterday in the Hills*, 133.

220. CFMC, nos. 8, 13, 14, 15, 18, 20, 30, 73, 74, 75, 76, 77, 78, 86, 87, 93, 94, 95, 96, 97, 98, 105, 106; *CHR*, 10; Clark, "North Carolina Popular Beliefs and Superstitions," 16; Crellin and Philpott, *Herbal Medicine Past and Present*, 1:186; Evans, Kileff, and Shelley, *Herbal Medicine,7;* Hand, *Popular Beliefs and Superstitions from North Carolina*, 156; HCC, nos. 9, 15, 24; *BWAY*, 16, 24, 69; LMAS, nos. 8, 73, 143; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 4; Lumpkin, "Remedies," 65; Mason, "Home Remedies of West Virginia," 34; McWhorter, "Superstitions from Russell County, Kentucky," 13; Solomon and Solomon, *Cracklin Bread and Asfidity*, 148; Watkins and Watkins, *Yesterday in the Hills*, 126. In the Hiltons Collection, the most frequently reported colic remedy is paregoric (24 of 56 reports), followed by catnip tea (15).

221. Browne, *Popular Beliefs and Practices from Alabama*, 16; Hand, *Popular Beliefs and Superstitions from North Carolina*, 156-57; Wigginton, *The Foxfire Book*, 235. The Hiltons Collection contains seven reports on the use of ground ivy tea.

222. Browne, *Popular Beliefs and Practices from Alabama*, 1-17; Carter, "Mountain Superstitions," 4; CFMC, nos. 12, 36, 90; LMAS, no. 61; Norris, "Folk Medicine of Cumberland County," i03; Solomon and Solomon, *Cracklin Bread and Asfidity*, 147. All these treatments are documented in the Hiltons Collection.

223. Clark, "Passing Through: A Folk Remedy," 14.

224. Betts, "Folk Medicine in Harnett County," 90; BMC, nos. 35, 76; Clark, "North Carolina Popular Beliefs and Superstitions," 18; LMAS, no. 8; Lumpkin, "Remedies," 65, 67; Norris, "Folk Medicine of Cumberland County," 104; Solomon and Solomon, *Cracklin Bread and Asfidity*, 178; TBC, no. 9; Wigginton, *The Foxfire Book*, 237.

225. Bush, *Done*, i4i; Hannum, *Look Back with Love*, 62; *BWAY*, 39; Hunter, "Folk Remedies on Man and Beast," 98; JHC, nos. 4, 17; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 8; Wigginton, *The Foxfire Book*,237.

226. Browne, *Popular Beliefs and Practices from Alabama*, 17; LMAS, no. 74; McGlasson, "Superstitions and Folk Beliefs of Overton County," 18; Norris, "Folk Medicine of Cumberland County," 104.

227. Browne, *Popular Beliefs and Practices from Alabama*, 17; *CHR*, 19; Clark, "North Carolina Popular Beliefs and Superstitions," 18; Craft, "Superstitions from Frenchburg, Kentucky," 15; Hall, "Health and Illness in the Great Smokies," 6; Hamby, *Memoir of Grassy Creek*, 148, 156; Hand, *Popular Beliefs and Superstitions from North Carolina*, 166-67; *BWAY*, 40; Lumpkin, "Remedies," 65; Mason, "Home Remedies of West Virginia," 29; McGlasson, "Superstitions and Folk Beliefs of Overton County," 118; Norris, "Folk Medicine of Cumberland County," 104; Solomon and Solomon, *Cracklin Bread and Asfidity*, 178.

228. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:137.

229. Rogers, *Early Folk Medical Practices in Tennessee*, 21. The community referred to was probably located in middle Tennessee, where Rogers, a resident of Carthage, gathered most of his information; the diphtheria epidemic likely occurred there sometime in the early 1900s.

230. Browne, *Popular Beliefs and Practices from Alabama*, 57; CFMC, no. 161; Hamby, *Memoir of Grassy Creek*, 156; Gainer, *Witches, Ghosts, and Signs*, i02; Hand, *Popular Beliefs and Superstitions from North Carolina*, 170 -71; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 8.

231. Browne, *Popular Beliefs and Practices from Alabama*, 57; Thomas and Thomas, *Kentucky Superstitions*, 102.

232. Browne, *Popular Beliefs and Practices from Alabama*, 57; Mason, "Home Remedies of West Virginia," 35.

233. CFMC, nos. 81, 82, 89, 91, 93, 97, 122, 126; Hand, *Popular Beliefs and Superstitions from North Carolina*, 175; *BWAY,9*, 75; LMAS, no. 73; Wigginton, *The Foxfire Book*, 238.

234. Betts, "Folk Medicine in Harnett County," 92; Bolyard, *Medicinal Plants and Home Remedies*, 66; HCC, no. 9; *BWAY*, 15; LMAS, no. 117; Redfield, "Superstitions and Folk Beliefs," 13; Stuart, "Remedies That Stand Out in Memory," 62; Wigginton, *The Foxfire Book*, 238.

235. Browne, *Popular Beliefs and Practices from Alabama*, 59; CFMC, nos. 4, 5, 6, 8, 10, 16, 19, 20, 23, 27, 30, 32, 35, 88, 89, 94, 124, 125, 127; CHR,9; *BWAY*, 9, 15, 23; Hunter, "Folk Remedies on Man and Beast," 99; LMAS, no. 8; Mason, "Home Remedies of West Virginia," 30. Of the 105 earache remedies in the Hil-tons Collection, the most frequently reported were warmed sweet oil (55), smoke in the ear (13), and placing something warm behind the ear (10), such as a hot water bottle or towel.

236. Browne, *Popular Beliefs and Practices from Alabama*, 58; CFMC, nos. 90, 91; Hand, *Popular Beliefs and Superstitions from North Carolina*, 175; Lewis, "On the Popular Materia Medica of East Tennessee," 275; Watkins and Watkins, *Yesterday in the Hills*, 131; Wigginton, *The Foxfire Book*, 238.

237. Browne, *Popular Beliefs and Practices from Alabama*, 60; CFMC, nos. 15, 19, 20, 24, 26, 30, 81, 84, 90, 92, 95, 97, 122, 123; *CHR*, 46; Hand, *Popular Beliefs and Superstitions from North Carolina*, 177; Hunter, "Folk Remedies on Man and Beast," 99; Lumpkin, "Remedies," 65; Mason, "Home Remedies of West Virginia," 30.

238. Browne, *Popular Beliefs and Practices from Alabama*, 59; CFMC, nos. 19, 83, 89, 122, 124; Redfield, "Superstitions and Folk Beliefs," 14; Wigginton, *The Foxfire Book*, 238.

239. Charles Murphy, "A Collection of Birth Marking Beliefs from Eastern Kentucky," 36.

240. Ibid., 37.

241. For more information on marking, see Hand, *Popular Beliefs and Superstitions from North Carolina*,18-22; Morton, "Superstitions and Beliefs Concerning Babies," 2-4; Rogers, *Early Folk Medical Practices in Tennessee,52-54*.

242. Betts, "Folk Medicine in Harnett County," 92; Bolyard, *Medicinal Plants and Home Remedies*, 59, 84; BMC, no. 73; Browne, *Popular Beliefs and Practices from Alabama*, 80; Crellin and Philpott, *Herbal Medicine Past and Present*, 1:187; Douglas, "The People of Cades Cove," 84; Evans, Kileff, and Shelley, *HerbalMed*-icine,21-22; HCC, nos. 10, 12; *BWAY*, 28; Wigginton, *The Foxfire Book*, 242.

243. Betts, "Folk Medicine in Harnett County," 91; BMC, no. 57; Browne, *Popular Beliefs and Practices from Alabama*, 79; HCC, no. 13; *BWAY*, 19; Hunter, "Folk Remedies on Man and Beast," 99; Irwin, *Alex Stewart*, 145; Lumpkin, "Remedies," 66; Mason, "Home Remedies of West Virginia," 28; Redfield, "Superstitions and Folk Beliefs," 18; Roberts, "Floyd County Folklore," 54; Watkins and Watkins, *Yesterday in the Hills*, 127; Wigginton, *The Foxfire Book*, 242.

244. Patrick Logan, *Irish Country Cures*, 44.

245. Irwin, *Alex Stewart*, 139.

246. Lewis, "On the Popular Materia Medica of East Tennessee," 275.

247. LMAS, nos. 145, 146.

248. Irwin, *Alex Stewart*, 139.

249. Browne, *Popular Beliefs and Practices from Alabama*, 93.

250. Ibid.; Clark, "North Carolina Popular Beliefs and Superstitions," 29; Lewis, "On the Popular Materia Medica of East Tennessee," 275.

251. HCC, nos. 3, 15; LMAS, no. 74; Norris, "Folk Medicine of Cumberland County," 109; Redfield, "Superstitions and Folk Beliefs," 20; Solomon and Solomon, *Cracklin Bread and Asfidity*, 145; Thomas and Thomas, *Kentucky Superstitions*, H7.

252. BMC, no. 63; Browne, *Popular Beliefs and Practices from Alabama*, 28; CFMC, nos. 36, 122, 123, 124, 130, 134; Farr, "Folk Remedies," 5; HCC, no. 15; Hunter, "Folk Remedies on Man

and Beast," i04; Irwin, *Alex Stewart*, 140; JHC, no. 8; LMAS, no. 72; Norris, "Folk Medicine of Cumberland County," 109; Redfield, "Superstitions and Folk Beliefs," 20; Solomon and Solomon, *Cracklin Bread and Asfidity*, 145; Tanner, "Empty Rockers and Sassafras Tea," 68; Thomas and Thomas, *Kentucky Superstitions*, 117.

253. Beith, *Healing Threads*, 93; Black, *Folk Medicine*, 136; Patrick Logan, *Irish Country Cures*, 53, 73.

254. Lewis, "On the Popular Materia Medica of East Tennessee," 273.

255. JHC, no. 17.

256. Watkins and Watkins, *Yesterday in the Hills*, 133-34.

257. CFMC, no. 36; CHR, 48; Clark, "North Carolina Popular Beliefs and Superstitions," 34; Gainer, *Witches, Ghosts, and Signs*, 103;Hand, *Popular Beliefs and Superstitions from North Carolina*, 352; Hamby, *Memoir of Grassy Creek*, 157; Hunter, "Folk Remedies on Man and Beast," 98; Redfield, "Superstitions and Folk Beliefs," 21; Wigginton, *The Foxfire Book*, 246-47.

258. Betts, "Folk Medicine in Harnett County," 93; CFMC, no. 36; Waller and Killion, "Georgia Folk Medicine," 86-87.

259. BMC, no. 77.

260. Hand, *Popular Beliefs and Superstitions from North Carolina*, 353; Parker, "Folk-Lore of the North Carolina Mountaineers," 249.

261. Irwin, *Alex Stewart*, 144.

262. Lewis, "On the Popular Materia Medica of East Tennessee," 275 -76.

263. The presentation on folk concepts of blood is based on Cavender, "Folk Hematology in the Appalachian South," 23-36.

264. Ibid., 25.

265. Ibid., 24.

266. Snow, *Walkin' over Medicine*,82-96.

267. CFMC, nos. 16, 20, 23, 31, 32, 35, 69, 70, 75, 78, 86, 87, 88, 91; *CHR*,9;McGlasson, "Superstitions and Folk Beliefs of Overton County," 16; Norris, "Folk Medicine of Cumberland County," 102; O'Dell, "Before You Call the Doctor," 29; Redfield, "Superstitions and Folk Beliefs," 16; Wilson, "Animal Products and Minerals in Folk Medicines," 179.

268. Carter, "Mountain Superstitions," 4; CFMC, nos. 18, 24, 26, 29, 36, 71, 90; Clark, "North Carolina Popular Beliefs and Superstitions," 26; Farr, "Folk Remedies," 4; HCC, nos. 12, 16; *BWAY*, 32; LMAS, no. 8; Hunter, "Folk Remedies on Man and Beast," 100; Lumpkin, "Remedies," 66; Mason, "Home Remedies of West Virginia," 31; McGlasson, "Superstitions and Folk Beliefs of Overton County," 16; Norris, "Folk Medicine of Cumberland County," 102; Wigginton, *The Foxfire Book*, 243.

269. Patrick Logan, *Irish Country Cures*, 87; Carter, "Mountain Superstitions," 4; Parker, "Folklore of the North Carolina Mountaineer," 249.

270. Betts, "Folk Medicine in Harnett County," 91 -92; CFMC, nos. 77, 92, 107, 109, 124; Clark, "North Carolina Popular Beliefs and Superstitions," 26; Craft, "Superstitions from Frenchburg, Kentucky," 15; Farr, "Folk Remedies," 4; HCC, no. 1; *BWAY*, 29, 69; Irwin, *Alex Stewart*, 144; Norris, "Folk Medicine of Cumberland County," 102; Parris, "Folklore and Folkways," 512; Redfield, "Superstitions and Folk Beliefs," 15; Roberts, "Floyd County Folklore," 54; Stuart, "The Yarb Doctor," 9; Thomas and Thomas, *Kentucky Superstitions,95-96;* Watkins and Watkins, *Yesterday in the Hills*, 132; Wigginton, *The Foxfire Book*, 243.

271. CFMC, nos. 36, 72, 73, 74, 76, 80, 81, 85; *CHR*,9;Clark, "North Carolina Popular Beliefs and Superstitions," 26; HCC, no. 1; LMAS, no. 27; Redfield, "Superstitions and Folk Beliefs," 16; Thomas and Thomas, *Kentucky Superstitions*, 95. In the Hiltons Collection, the most frequently reported nosebleed remedy (33 of 68 reports) was placing a piece of folded brown paper under the upper lip, followed by a cold cloth placed on the back of the neck (18). One resident stated that

nothing should be done to halt a nosebleed because it was considered a symptom of too much blood in the body.

272. Baker, *Folklore and Customs of Rural England*, 179.

273. CFMC, nos. 22, 33, 34, 80, 89, 122, 123, 124, 128; Hall, "Health and Illness in the Great Smokies," 2; *BWAY*, 74, 77; LMAS, no. 8; Thomas and Thomas, *Kentucky Superstitions*, 96.

274. For an example of stopping bleeding at a distance, see Shaw, "Memories of a Folk Doctor," 29.

275. Conwell, "Tennessee Remedies," 90.

276. Porter, "Notes on the Folk-Lore of the Mountain Whites," 111.

277. Bolyard, *Medicinal Plants and Home Remedies*, 61, 69; Browne, *Popular Beliefs and Practices from Alabama*, 76; CFMC, nos. 80, 84, 88, 139, 125; Crellin and Philpott, *Herbal Medicine Past and Present*, 1:171 -72; Hall, "Health and Illness in the Great Smokies," 10; HCC, nos. 10, 12; Hunter, "Folk Remedies on Man and Beast," 103; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 3; McWhorter, "Superstitions from Russell County, Kentucky," 12; Mullins, "Herbs of the Southern Highlands," 40; Solomon and Solomon, *Cracklin Bread and Asfidity*, 151.

278. Parker, "Folk-Lore of the North Carolina Mountaineers," 249.

279. CFMC, nos. 16, 22, 81, 86, 97, 106, 108, 109, 13, 123, 136. In the Hiltons Collection, the most frequently reported remedy for "kidney problems" is Doan's Pills (25 of 54 reports); ratsbane tea was reported five times; goldenseal and juniper berries once.

280. Cavender et al., *A Folk Medical Lexicon of South Central Appalachia,6*.

281. CFMC, nos. 5, 7, 9, 10, 11, 22, 23, 30, 40, 42, 43, 49, 56, 59, 69, 72, 78, 81, 281, 90, 91, 96, 97, 100.

282. CFMC, no. 35.

283. CFMC, nos. 34, 35, 44, 51, 80, 101, 106; Clark, "North Carolina Popular Beliefs and Superstitions," 35; Hand, *Popular Beliefs and Superstitions from North Carolina*, 361; TBC, no. 11.

284. CFMC, nos. 7, 9, 20, 34, 44, 54, 68, 86, 101, 106.

285. Stekert, "Focus for Conflict," 137.

286. CFMC, no. 19.

287. Bolyard, *Medicinal Plants and Home Remedies*, 117, 125, 144; CFMC, nos. 4, 5, 19, 20, 25, 31, 32, 36, 53, 57, 74; CHR, 16; Crellin and Philpott, *HerbalMedicine Past and Present*, 1:176; Deskins, "Healing from the Hills," 63; Gainer, *Witches, Ghosts, and Signs*, 103, 109; *BWAY*, 71; Irwin, *Alex Stewart*, 147; Long, "Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties," 2, 6; Lumpkin, "Remedies," 68.

288. The taped interview with this informant (female, age fifty-five) is in the Hiltons Collection.

289. CFMC, nos. 19, 33, 64, 75, 86, 99.

290. Ellis, *Medicine in Kentucky*, 34.

291. For information on compensation of midwives, see Watkins and Watkins, *Yesterday in the Hills*, 135; Rogers, *Early Folk Medical Practices in Tennessee*, 35; CFMC, no. 125.

292. Bickley, "Midwifery in West Virginia," 6i; Gibbs, "From Home to Hospital," 27.

293. A scathing evaluation of granny midwives in Kentucky is offered by Poole, *Nurses on Horseback,*12-13, 34. See also Wharton, *Doctor Woman of the Cumber-lands*, 59.

294. Rogers, *Early Folk Medical Practices in Tennessee,34-35*.

295. Browne, *Popular Beliefs and Practices from Alabama,8;* CFMC, no. 34.

296. CFMC, nos. 36, 122.

297. Bickley, "Midwifery in West Virginia," 57; Browne, *Popular Beliefs and Practices from Alabama,9;* CFMC, nos. 36, 122; Hand, *Popular Beliefs and Superstitions from North Carolina*, 10; Hannum, *Look Back with Love*, 63; Haun, *The Hawk's Done Gone*, 161; Rogers, *Early Folk Medical Practices in Tennessee*, 37.

298. *CHR*, 49; Clark, “North Carolina Popular Beliefs and Superstitions,” 6; Cooper, *North Carolina Mountain Folklore*, 14; Hand, *Popular Beliefs and Superstitions from North Carolina*,7;Lumpkin, “Remedies,” 66; Morton, “Superstitions and Beliefs Concerning Babies,” 6; Rogers, *Early Folk Medical Practices in Tennessee*, 37.

299. Browne, *Popular Beliefs and Practices from Alabama*,9;CFMC, no. 36; Lumpkin, “Remedies,” 66; Morton, “Superstitions and Beliefs Concerning Babies,” 6; Thompson, “A Vanishing Science,” 96.

300. Hand, *Popular Beliefs and Superstitions from North Carolina*,8;Hannum, *Look Back with Love*, 63.

301. Poole, *Nurses on Horseback*, 13; Rogers, *Early Folk Medical Practices in Tennessee*, 37.

302. Browne, *Popular Beliefs and Practices from Alabama*, 10; CFMC, no. 3; Rogers, *Early Folk Medical Practices in Tennessee*, 25.

303. See the sections on livergrown and bold hives below.

304. Browne, *Popular Beliefs and Practices from Alabama*, 10; Bush, *Dorie*, 10; CFMC, no. 36; Hamby, *Memoir of Grassy Creek*, 147.

305. Browne, *Popular Beliefs and Practices from Alabama*, 10; CFMC, nos. 36, 122; Thompson, “A Vanishing Science,” 96.

306. Hannum, *Look Back in Love*, 63.

307. Hand, *Popular Beliefs and Superstitions from North Carolina*, 15.

308. CFMC, no. 36; Mason, “Home Remedies of West Virginia,” 30; Rogers, *Early Folk Medical Practices in Tennessee*, 37.

309. Rogers, *Early Folk Medical Practices in Tennessee*, 37.

310. CFMC, nos. 19, 36, 53, 79, 80, 81, 84, 85, 87, 101, 105; Haun, *The Hawk’s Done Gone*, ^8-49.

311. Haller, *American Medicine in Transition*, 175.

312. Riddle, *Eve’s* Herbs,50-51, 257-58.

313. Caraway and Cavender, “Vernacular Sexual Beliefs and Practices.”

314. Ibid.

315. Whatley and Henken, *Did You Hear About the Girl Who . . . ?*

316. Browne, *Popular Beliefs and Practices from Alabama*, 68; Gainer, *Witches, Ghosts, and Signs*, 106; Hand, *Popular Beliefs and Superstitions from North Carolina*, 200-201; Stuart, “The Yarb Doctor,” 10.

317. *CHR*, 49; Stuart, “The Yarb Doctor,” 10; Thomas and Thomas, *Kentucky Superstitions*, 105.

318. Hand, *Popular Beliefs and Superstitions from North Carolina*, 201; TBC, no. 1; Wilson, “Folklore in Certain Professions,” 5.

319. Browne, *Popular Beliefs and Practices from Alabama*, 69.

320. *CHR*,4.

321. Long, “Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties,” 3.

322. CFMC, no. 5.

323. Hurston, *Mules and Men*, 188.

324. These reports came from two men interviewed in 1994 by students enrolled in the author’s folk medicine course at East Tennessee State University.

325. CFMC, no. 36.

326. Haller, *American Medicine in Transition*, 87.

327. Crellin and Philpott, *Herbal Medicine Past and Present*, 2:201.

328. Irwin, *Alex Stewart*, ^6-38.

329. CFMC, no. 36.

330. Jaffe, *Crucibles: The Story of Chemistry*, 142.

331. Rubel, “The Epidemiology of a Folk Illness,” 119.

332. The information presented on the cause, symptoms, and treatment of bold hives is drawn from Cavender, “A Note on the Origin and Meaning of Bold Hives,”17-24.

333. Grant and Murison, *The Compact Scottish National Dictionary*, vol. 1.

334. Rorie, *Folk Tradition and Folk Medicine in Scotland*, 111.

335. Forrest, “In Sickness and Health,” 41.

336. Hand, *Popular Beliefs and Superstitions from North Carolina*, 53, 228-29; LMAS, no. 9; TBC, no. i; Thompson, “A Vanishing Science,” 97.

337. Brendle and Unger, *Folk Medicine of the Pennsylvania Germans*, 192-98 (quotation on i93).

338. Ibid.; Hand, *Magical Medicine*, 139.

339. For information on this study, see Cavender and Beck, “Generational Change, Folk Medicine, and Medical Self-Care,” 129-42. The information presented on nervous disorders comes from taped interviews located in the Hiltons Collection.

340. Blaustein and Cavender, “‘The Lunatic Asylum,’” 1-11.

341. Ibid., 1.

342. Ibid., 10.

343. Ludwig, “‘Nerves,’” 350-57; Ludwig and Forrester, “The Condition of Nerves,” 333-36; Van Schaik, “Paradigms Underlying the Study of Nerves,”15-28.

344. Ludwig and Forrester, “The Condition of Nerves,” 335-36; Van Schaik, “Paradigms Underlying the Study of Nerves,” 26.

345. Bolyard, *Medicinal Plants and Home Remedies*, 27, 89; Bush, *Dorie*, 24; Crellin and Philpott, *Herbal Medicine Past and Present*, 2:161, 283, 375, 396, 423; Deskins, “Healing from the Hills,” 62; Evans, Kileff, and Shelley, *Herbal Medicine*, 6, 18; Long, “Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties,” 3; Parker, “Folk-Lore of the North Carolina Mountaineers,” 249.

346. Randolph, *Ozark Magic and Folklore*, 172.

347. Clark, “North Carolina Popular Beliefs and Superstitions,” 25.

348. Cavender, “White-Livered Widders and Bad-Blooded Men.” The study entailed interviews with 173 informants recruited opportunistically. All the informants were from eastern Tennessee, western North Carolina, and southwestern Virginia, and their ages ranged from thirty-three to ninety-two. Of this group, eighteen (10.4 percent) were able to define “white liver,” and some provided information about known or heard-about cases. Nine informants were African American, eight were Euro-American, and one was Native American. All of the known or heard-about cases of white liver reported by informants occurred in the 1950s or earlier. The reports that follow are all drawn from this study.

349. Snow, *Walkin’ over Medicine*, 109.

350. Beith, *Healing Threads*;Rorie, *Folk Tradition and Folk Medicine in Scotland*.

Chapter 5

1. The following information on Gray is drawn from Green and Bennett, “Catfish: Portrait of an Herb Doctor,” 46-51, and Edward Green, “A Modern Appalachian Folk Healer,” 15.

2. Edward Green, “A Modern Appalachian Folk Healer,” 15.

3. Information on Caldwell and Fields is drawn from Evans, Kileff, and Shelley, *HerbalMedicine,37-52*. All quotations are from this source.

4. On Tommie Bass, see Crellin and Philpott, *Herbal Medicine Past and Present*, vol. 1.

5. The following information on Waggoner is drawn from Blaustein, Cavender, and Sluder, “‘The Poor Man’s Medicine Bag,’” 88-112. Unless otherwise noted, all quotations are from this source.

6. Waggoner, *The Poor Man's Medicine Bag*,2.

7. Kloss, *Back to Eden*, 11-111.

8. The following information on Carter is drawn from Cavender, "Local Unorthodox Healers of Cancer," 359-74. Unless otherwise noted, all quotations are from this source.

9. Pierce, *The People's Common Sense Medical Adviser*, 318.

10. Information on West is drawn from Shaw, "Memories of a Folk Doctor," 22-4L All quotations are from this source.

11. The following information on Clark is drawn from Cavender, "Look in My Eyes: Portrait of a Faith Healer," 329-46. All quotations are from this source.

12. The following information on Mark Norman and the Ani-Kwata Ni Mission is drawn from Evans, "Medicine Man in the Modern World," 1 -26. All quotations are from this source.

13. Eliade, "Shamanic Initiations," in *Myths, Rites, Symbols*, 2:264-66; Harner, "What Is a Shaman?," 13.

14. Landy, "Role Adaptation," 468-80.

15. Gevitz, "Three Perspectives on Unorthodox Medicine," 17-21.

Chapter 6

1. Stekert, "Focus for Conflict," 155-56.

2. Ibid., 123.

3. Pruitt, "The Bold Hives in Tennessee," 69 -71.

4. Friedl, *Health Care Services and the Appalachian Migrant*.

5. Bolyard, *Medicinal Plants and Home Remedies*,4.

6. Evans, Kileff, and Shelley, *HerbalMedicine,5-12*.

7. Crellin and Philpott, *Herbal Medicine Past and Present*, 1:192.

8. Cook and Baisden, "Ancillary Use of Folk Medicine," 1098-1101.

9. Ibid., 1100.

10. Ibid.

11. Lang et al., "A Profile of Health Beliefs and Practices," 229-33.

12. Coriel and Marshall, "Locus of Control," 131 -38.

13. Cavender and Beck, "Generational Change, Folk Medicine, and Medical Self-Care," 129-42.

14. Ibid., 138.

15. Burnum, "Dialect Is Diagnostic," 899-90 Sienknecht, "A Primer in the Rheumatic Diseases for East Tennessee," 182-84; Sugarman and Butters, "Understanding the Patient," 415 -17.

16. Sienknecht, "A Primer in the Rheumatic Diseases for East Tennessee," 183.

17. Burnum, "Dialect Is Diagnostic," 899-900.

18. Purnell and Counts, "Appalachians," 107-35 (quotation on 111).

19. Montgomery, "Myths," 7-13.

20. Cavender et al., *A Folk Medical Lexicon of South Central Appalachia*.

21. Nations, Camino, and Walker, "'Hidden' Popular Illnesses in Primary Care," 223-40.

22. Ibid., 230.

23. Nader, "Up the Anthropologist."

24. Cavender and Beck, "Generational Change, Folk Medicine, and Medical Self-Care"; Nations, Camino, and Walker, "'Hidden' Popular Illnesses in Primary Care."

25. Brown, "Won't or Can't," 1297-99.

26. Ibid., 1299.

27. Aikman, *Nature's Healing Arts*, 22.

28. See Koenig and Larson, “Use of Hospital Services, Religious Attendance, and Religious Affiliation”; Koenig, Pargament, and Nielsen, “Religious Coping and Health Status”; Levin and Chatters, “Religion, Health, and Psychological Well-Being.”

BIBLIOGRAPHY

Manuscript and Archival Sources

Archives of Appalachia, Sherrod Library, East Tennessee State University, Johnson City, Tennessee
- Robert Bell Collection
- Thomas Burton Collection
- Burton-Manning Collection
- Cass Family Business Collection
  - Papers of the East Tennessee Medicine Company, 1890-1924
- Cavender Folk Medicine Collection
- Joseph Hall Collection
- Hiltons Collection
- Abraham Jobe Collection
- John A. Jones Collection
- Language and Medicine in the Appalachian South Collection
- Vance-Wickersham Collection

Department of Sociology and Anthropology, East Tennessee State University, Johnson City, Tennessee
- Hancock County Collection

Secondary Sources

Aikman, Lonnelle. *Nature's Healing Arts, From Folk Medicine to Modern Drugs.*, Washington D.C.: National Geographic Society, 1977.

Alexander, Nancy. *Here I Will Dwell: The Story of Caldwell County, North Carolina*. Salisbury, N.C.: Rowan Printing Company, 1956.

Anderson, John Q. *"Popular Beliefs in Texas, Louisiana, and Arkansas." Southern Folklore Quarterly* 32 (1968): 304-19.

——. *Texas Folk Medicine*. Austin,Tex.: Encino Press, 1970.

Armstrong, David, and Elizabeth M. Armstrong. *The Great American Medicine Show*. NewYork: Prentice-Hall, 1991.

Arnow, Harriette Simpson. *The Dollmaker*. NewYork: Macmillan, 1954.

——. *Flowering of the Cumberland*. NewYork: Macmillan, 1963.

Awiakta, Marilou.*Selu: Seeking the Corn-Mother's Wisdom*. Golden, Colo.: Fulcrum Publishing, 1993.

Babb, Jewell, and Pat E. Taylor. *Border Healing Woman: The Story of Jewell Babb*. Austin: University of Texas Press, 1981.

Baker, Margaret. *Folklore and Customs of Rural*. England. Totowa, N.J.: Rowman and Littlefield, 1974.

Barney, Sandra L. *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930*. Chapel Hill: University of North Carolina Press, 2000.

Barrick, Mac E. *German-American Folklore.*. Little Rock, Ark.: August House, 1987.

Bass, William. *"Dog Days: Some Notes." Tennessee Folklore Society Bulletin* 22 (1956): 64-68.

Batteau, Allen. *The Invention of Appalachia. Tucson*: University of Arizona Press, 1990.

Baxter, Colin. *"Dr. James Baxter Bean, Civil War Dentist: An East Tennessean's Victorian Tragedy." Journal of East Tennessee History* 67 (1995): 34-57.

Beith, Mary. *Healing Threads: Traditional Medicines of the Highlands and Islands*. Edinburgh: Polygon, 1995.

Belanger, Ruth. *"Midwives' Tales." Goldenseal* 5 (1979): 42-46.

Berendt, John. *Midnight in the Garden of Good and Evil: A Savannah Story*. NewYork: Random House, 1994.

Betts, Leonidas. *"Folk Medicine in Harnett County." North Carolina Folklore* 22 (1974): 84-94.

——. *"Folk Medicine in North Carolina." North Carolina Medical Journal* 35 (1974): 156-58.

Bickley, Ancella R. *"Midwifery in West Virginia." West Virginia History* 49 (1990): 55-67.

Black, William G. *Folk Medicine: A Chapter in the History of Culture*. New York: Burt Franklin, 1970.

Blake, John B. *"From Buchan to Fishbein: The Literature of Domestic Medicine," In Medicine without Doctors: Home Health Care in American History,* edited by Guenter Risse, Ronald L. Numbers, and Judith Walzer Leavitt, 11-33. New York: Science History Publications, 1977.

Blaustein, Richard, and Anthony Cavender. *"'The Lunatic Asylum': Folksong as Healing Process?" Tennessee Folklore Society Bulletin* 45 (1976): 1-11.

Blaustein, Richard, Anthony Cavender, and Jackie Sluder. *"'The Poor Man's Medicine Bag': The Empirical Folk Remedies of Tillman Waggoner of Knox-ville, Tennessee."* In *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, edited by Erika Brady, 88-112. Salt Lake City: Utah State University Press, 2001.

Bohannon, Paul. *Africa and Africans*. Prospect Heights, 111.: Waveland Press, 1988.

Bolyard, Judith L. *Medicinal Plants and Home Remedies of Appalachia*. Springfield,111.: Charles C. Thomas, 1981.

Breeden, James O. *"Disease as a Factor in Southern Distinctiveness."* In *Disease and Distinctiveness in the American South,* edited by Todd L. Savitt and James Harvey Young, 1-28. Knoxville: University of Tennessee Press, 1988.

Brendle, Thomas R., and Claude W. Unger. *Folk Medicine of the Pennsylvania Germans: The Non-Occult Cures*. New York: Augustus M. Kelley Publishers,1970.

Bright, John. *A Plain System of Medical Practice, Adapted to the Use of Families, With Additional Diseases and New Articles in the Materia Medica; Also Minor Surgery*. Louisville, Ky.: N.p., 1854.

Broadrick, Estelle D. *"Old Folk Sayings and Home Cures." Tennessee Folklore Society Bulletin* 44 (1978): 35-36.

Brown, Fred. *"Pickering's Descendants Think She's State's First Woman Doctor." Knoxville News Sentinel*, 30 June 1994, 30, E9.

Brown, Helen Byers. *"Won't or Can't." American Journal of Nursing* 80 (July 1980): 1296-99.

Browne, Ray B. *Popular Beliefs and Practices from Alabama*. Berkeley: University of California Press, 1958.

Bruesch, S. R. *"Samuel Blair Cunningham (1797-1867)." Appalachian History of Medicine Society*. Johnson City: Appalachian History of Medicine Society/ East Tennessee State University Press, 1979.

Burnum, John F. *"Dialect Is Diagnostic." Annals of Internal Medicine* 100 (1984): 899-901.

Bush, Florence C. *Dorie: Woman of the Mountains*. Knoxville: University of Tennessee Press, 1992.

Campbell, John C. *The Southern Highlander and His Homeland*. NewYork: Russell Sage Foundation, 1921.

Caraway, Crystal, and Anthony Cavender. *"Vernacular Sexual Beliefs and Practices among Appalachian Youth and Their Implications for Health Education." Forthcoming in Tennessee Folklore Society Bulletin*, 2003.

Carrigan, Jo Ann. *"Yellow Fever: Scourge of the South." In Disease and Distinctiveness in the American South*, edited by Todd L. Savitt and James Harvey Young, 55-79. Knoxville: University of Tennessee Press, 1988.

Carter, Ronald. *"Mountain Superstitions." Tennessee Folklore Society Bulletin* 10 (1944): 1-6.

Cassedy, James H. *Medicine in America: A Short History*. Baltimore: Johns Hopkins University Press, 1991.

Cavender, Anthony. *"Folk Hematology in the Appalachian South." Journal of Folklore Research* 29 (1992): 23-36.

— —. *"Local Unorthodox Healers of Cancer in the Appalachian South." Journal of Community Health* 21 (1996): 359-74.

— —. *"Look in My Eyes: Portrait of a Faith Healer." In Jahrbuch fur Transkul turelle Medizin and Psychotherapie*, edited by Walter Andritzky, 329-46. Berlin: Verlag für Wissenshaft und Bildung, 1992.

— —. *"A Note on the Origin and Meaning of Bold Hives in the American South." Southern Folklore* 53 (1996): 17-24.

— —. *"Theoretic Orientations and Folk Medicine Research in the Appalachian South." Southern Medical Journal*85(1992):170-78

— —. *"White-Livered Widders and Bad-Blooded Men: Folk Illness and Sexual Deviance in the American South." Forthcoming in Journal of the History of Sexuality* 11, no. 4 (2003).

Cavender, Anthony, and Scott Beck. *"Generational Change, Folk Medicine, and Medical Self-Care in a Rural Appalachian Community." Human Organization* 54 (1995): 129-42.

Cavender, Anthony, Janet Fisher, Linda Kerley, Rebecca Moss, Arlene Roberts, Doug Smith, Shirley Turkett, Jane Woodside, and Pamela Zahorik. *A Folk Medical Lexicon of South Central Appalachia*. JohnsonCity, Tenn.: History of Medicine Society of Appalachia, 1990.

Cayleff, Susan E. *"Gender, Ideology, and the Water-Cure Movement." In Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz, 82-98. Baltimore: Johns Hopkins University Press, 1987.

Clark, Joseph D. *"North Carolina Popular Beliefs and Superstitions." North Carolina Folklore* 18 (1970): 6-67.

— —. *"Passing Through: A Folk Remedy." North Carolina Folklore* 23 (1975):11-15.

Conwell, Edward L. *"Tennessee Remedies." Journal of American Folklore* 46 (1933): 89-90.

Cook, Cheryl, and Denise Baisden. *"Ancillary Use of Folk Medicine by Patients in Primary Care Clinics in Southwestern West Virginia." Southern Medical Journal* 79 (1986): 1098-1101.

Cooper, Horton. *North Carolina Mountain Folklore*. Murfreesboro, N.C.: Johnson Publishing Company, 1972.

Cooper, Leland R., and Mary Lee Cooper. *The Pond Mountain Chronicle*. West Jefferson, N.C.: McFarland Company, Inc., 1998.

Coriel, Jean, and Patricia A. Marshall. *"Locus of Control: A Cross Cultural Study." Human Organization* 41 (1982): 131-38.

Craft, Betty. *"Superstitions from Frenchburg, Kentucky." Kentucky Folklore Record* 10 (1964): 12-17.

Crellin, John, and Jane Philpott. *Herbal Medicine Past and Present*. Vol. 1, *Trying to Give Ease*. Durham, N.C.: Duke University Press, 1990.

— —. *Herbal Medicine Past and Present*. Vol. 2, *A Reference Guide to Medicinal Plants*. Durham, N.C.: Duke University Press, 1990.

Crissman, James K. *Death and Dying in Central Appalachia*. Urbana: University of Illinois Press, 1994.

Crowder, Steven. *"Black Folk Medicine in Southern Appalachia." Master's thesis*, East Tennessee State University, 2001.

Crum, Kay M. *"Dr. Annis."*; Unpublished manuscript, 1995.

Davies, Owen. *"Healing Charms in Use in England and Wales, 1700-1950." Folklore* 107 (1996): 19-32.

Deskins, Charlotte H. *"Healing from the Hills: Folk Medicine of the Southern Mountains." Goldenseal* 16 (1990): 60-64.

Doherty, William T. *"A West Virginia County's Experiences with the 1918 Influenza Epidemic." West Virginia History* 37 (1977): 136-40.

Douglas, William O. *"The People of Cades Cove." National Geographic* 122 (July 1962): 60-95.

Duffy, John. *The Healers: The Rise of the Medical Establishment*. NewYork: McGraw-Hill, 1976.

Dundes, Alan. *"The Number Three in American Culture."* In *Analytic Essays in Folklore*, edited by Alan Dundes, 206-25. New York: Mouton and Company, 1975.

Eliade, Mircea. *Myths, Rites, Symbols: A Mircea Eliade Reader*. Vol. 2. Edited by Wendell C. Beane and William G. Doty. New York: Harper Colophon Books, 1975.

Eller, Ronald D. *Miners, Millhands, and Mountaineers: Industrialization of the Appalachian South, 1880-1930*. Knoxville: University of Tennessee Press, 1982.

Ellis, John H. *Medicine in Kentucky*. Lexington: University Press of Kentucky, 1977.

Evans, David K., Don Steven Rice, and Joanne Kline Parton. *"Parallels in West African, West Indian, and North Carolina Folklore." North Carolina Folklore* 17 (1969): 77-84.

Evans, E. Raymond. *"Medicine Man in the Modern World."* 1996. Unpublished manuscript on file in the Department of Sociology and Anthropology, East Tennessee State University, Johnson City, Tennessee.

Evans, E. Raymond, Clive Kileff, and Karen Shelley. *Herbal Medicine: A Living Force in the Appalachians*. Durham, N.C.: Duke University Medical Center, 1982.

Ewing, C. O., and E. E. Sanford. *"Botanicals of the Blue Ridge." Journal of the American Pharmaceutical Association* 8 (1919): 16-26.

Farr,T.J. *"Folk Remedies." Tennessee Folklore Society Bulletin* 1 (1935): 4-20.

Fischer, David Hackett. *Albion's Seed: Four British Folkways in America*. NewYork: Oxford University Press, 1989.

Fogelson, Raymond D. *"Change, Persistence, and Accommodation in Cherokee Medico-Magical Beliefs."* In *Symposium on Cherokee and Iroquois Cultur*, edited by William N. Fenton and John Gulick, 83-123. *Bureau of American Ethnology*, Bulletin 180, no. 21. Washington, D.C.: Government Printing Office, 1961.

——. *"The Conjuror in Eastern Cherokee Society." Journal of Cherokee Studies* 5 (1980): 59-87.

Forbes, Thomas R. *"The Madstone."* In *American Folk Medicine: A Symposium*, edited by Wayland Hand, 11-19. Berkeley: University of California Press, 1976.

Forrest, Vivienne. *"In Sickness and in Health: Scottish Folk Medicine." The Highlander* 33 (1995): 34-41.

Foster, George M., and Barbara G. Anderson. *Medical Anthropology*. New York: John Wiley and Sons, 1978.

Franklin County Historical Society. *Water Cures and Other* Remedies. Winchester,Tenn.: Franklin County Historical Society, 1974.

Friedl, John. *Health Care Services and the Appalachian* Migrant. Report to National Center for Health Services, Department of Health, Education, and Welfare. Columbus: Ohio State University, 1978.

Gainer, Patrick W. *Witches, Ghosts, and Signs: Folklore of the Southern Appala chians*. Grantsville, W.Va.: Seneca Books, 1975.

Garrett, J. T., and Michael Garrett. *Medicine of the Cherokee: The Way of Right Relationship*. Santa Fe, N.M.: Bear and Company, 1996.

Garrett, Ruby Buriss. *"Traditional Southern Appalachian Dental Practices."* In *Glimpses of Southern Appalachian Folk Culture*, edited by Charles F. Faulkner and Carol Buckles, 56-68. Chattanooga, Tenn.: Tribute Press and Printing Company, 1978.

Gerrard, Nathan. *"Churches of the Stationary Poor in Southern Appalachia."* In *Religion in Appalachia*, edited by John D. Photiadis, 271-84. Morgantown: West Virginia University, 1978.

Gesler, Wilbert. *"Therapeutic Landscapes: Medical Issues in Light of the New Cultural Geography."*; *Social Science and Medicine* 34 (1992): 735-46.

——. *"Therapeutic Landscapes: Theory and a Case Study of Epidauros,Greece." Environment and Planning D: Society and Space* 11 (1993): 171-89.

Gevitz, Norman. *"Three Perspectives on Unorthodox Medicine."* In *Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz, 1-28. Baltimore: Johns Hopkins University Press, 1988.

Gibbs, Judith. *"From Home to Hospital: Changing Ways of Birth in West Virginia." Goldenseal* 10 (1984): 27.

Glassie, Henry. *Pattern in the Material Folk Culture of the Eastern United States*. Philadelphia: University of Pennsylvania Press, 1968.

Good Health Guide, Almanac, and Cookbook. Freeport, Ill.: W. T. Rawleigh Company, 1959.

Grant, William, and David Murison, eds. *The Compact Scottish National Dictionary*. Vol. 1. Aberdeen: Aberdeen University Press, 1986.

Green, Edward G. *"A Modern Appalachian Folk Healer." Appalachian Journal* 6 (1978): 25.

Green, Ted, and Allan Bennett. *"Catfish: Portrait of an Herb Doctor." Goldenseal* 3 (1977): 46-51.

Guerin, Wayne. *"Some Folkways of a Stewart County Community." Tennessee Folklore Society Bulletin* 19 (1953): 54-55.

Gump, Lucy K. *"Possessions and Patterns of Living in Washington County: The Twenty Years before Statehood, 1777-1796."* Master's thesis, East Tennessee State University, 1989.

Gunn, John C. *Domestic Medicine, or Poor Man's Friend, in the Hours of Affliction, Pain and Sickness*. 1830. Reprint, Knoxville: University of Tennessee Press, 1986.

Hall, Joseph. *"Health and Illness in the Great Smokies." N.d. Unpublished manuscript on file in the Joseph Hall Collection, Archives of Appalachia*, East Tennessee State University, Johnson City, Tennessee.

Haller, John, Jr. *American Medicine in Transition, 1840-191o*. Urbana: University of Illinois Press, 1981.

Hamby, Zetta B. *Memoir of Grassy Creek: Growing Up in the Mountains on the Virginia-North Carolina Line*. Jefferson, N.C.: McFarland and Company, 1998.

Hamel, Paul B., and Mary V. Chiltoskey. *Cherokee Plants and Their Uses*. Sylva,N.C.: Herald Publishing Company, 1975.

Hamer, Philip M. *The Centennial History of the Tennessee Medical Association,1830-1930*. Nashville: Tennessee State Medical Association, 1930.

Hand, Wayland D. *Magical Medicine: The Folkloric Component of Medicine in the Folk Belief, Custom, and Ritual of the Peoples of Europe and America*. Berkeley: University of California Press, 1980.

——, ed. *Popular Beliefs and Superstitions from North Carolina*. Vol. 6 of *The Frank C. Brown Collection of North Carolina Folklore*. Durham, N.C.: Duke University Press, 1961.

Hannum, Alberta P. *Look Back with Love: A Recollection of the Blue Ridge*. NewYork: Vanguard Press, 1969.

Harner, Michael. *"What Is a Shaman?"* In *Shaman's Path: Healing, Personal Growth, and Empowerment*, edited by Gary Doore, 7-15. Boston: Shambala Press, 1988.

Hart, John. *"Dr. Enuf Is Still Here." Now and Then* 1 (1988): 17.

Haun, Mildred. *The Hawk's Done Gone*. NewYork: Bobbs-Merrill, 1940.

Helman, Cecil G. *Culture, Health, and Illness*. Oxford: Butterworth-Heinemann, 1994.

——. *"'Feed a Cold, Starve a Fever': Folk Models of Infection in an English Suburban Community, and Their Relation to Medical Treatment." Culture, Medicine, and Psychiatry* 2 (1978): 107-37.

Henderson, William. *Folklore of the Northern Counties of England and the Borders*. 1866. Reprint, Totowa, N.J.: Rowman and Littlefield, 1973.

Heney, Eva. *"Bits from the Day's Work." Southern Mountain Life and Work* 2 (1926): 27-29.

Hicks, George L. *Appalachian Valley*. NewYork: Holt, Rinehart, and Winston, 1976.

Hill, Carole E. *"A Folk Medical Belief System in the American South: Some Practical Considerations." Southern Medicine* 16 (1976): 11-17.

Hodge, Robert A. *"Some Madstones of Virginia." Pioneer America* 5 (1973): 1-8.

Hudson, Charles. *The Southeastern Indians*. Knoxville: University of Tennessee Press, 1976.

Hufford, David. *"Contemporary Folk Medicine."* In *Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz, 228-64. Baltimore: Johns Hopkins University Press, 1988.

——. *"Folk Medicine in Contemporary America."* In *Herbal and Magical Medicine: Traditional Healing Today*, edited by James Kirkland, Holly F. Mathews, C. W. Sullivan, and Karen Baldwin, 14-31. Durham, N.C.: Duke University Press, 1992.

Hufford, Mary. *"American Ginseng and the Idea of the Commons." Folklife Center News* 19 (1997): 3-18.

——. *"Tending the Commons: Ramp Suppers, Biodiversity, and the Integrity of 'The Mountains.'" Folklife Center News* 20 (1998): 3-11.

Hunter, Earl D. *"Folk Remedies on Man and Beast." Kentucky Folklore Record* 8 (1962): 97-108.

Hunter First Baptist Church Seniors Class. *The Book for What Ails You: A Compilation of Home Remedies. Elizabethton, Tennessee, 1997. Copy on file in the Archives of Appalachia*, East Tennessee State University, Johnson City, Tennessee.

Hurston, Zora Neale. *Mules and Men*. 1935. Reprint, Bloomington: Indiana University Press, 1963.

Hyatt, Harry. *Folk-Lore from Adams County, Illinois*. New York: Memoirs of the Alma Egan Hyatt Foundation, 1935.

——. *Hoodoo-Conjuration-Witchcraft-Rootwork*. Hannibal, Mo.: Hyatt Foundation, 1970.

Indiana Herb Gardens. *The Herb Doctor, A Collection of Valuable Medicinal Formulae*. Hammond, Ind.: Indiana Herb Gardens, 1919.

Irwin, John Rice. *Alex Stewart: Portrait of a Pioneer. West* Chester, Pa.: Schiffer Publishing, 1985.

Jaffe, Bernard. *Crucibles: The Story of Chemistry* . NewYork: Dover Books, 1976.

Jarvis,D.C. *Folk Medicine: A Vermont Doctor's Guide to Good Health*. NewYork: Henry Holt, 1957.

Jobe, Abraham. *"Abraham Jobe Autobiography"*. 1905. *Unpublished manuscript in Abraham Jobe Collection, Archives of Appalachia*, East Tennessee State University, Johnson City, Tennessee.

Jones, Loyal. *"Mountain Religion: The Outsider's View."* In *Religion in Appalachia: Theological, Social, and Psychological Dimensions and Correlates*, edited by John D. Photiadis, 401-8. Morgantown: West Virginia University Press, 1978.

Jones, Ora L. *Peculiarities of the Appalachia Mountaineers*. Detroit, Mich.: Harlo Press, 1967.

Joslin, Michael. *Our Living Heritage* . Johnson City, Tenn.: Overmountain Press, 1998.

——. *“Ray Hicks, Storyteller.” Johnson City Press,* 1992, Features sec., 57, 61. Kephart, Horace. *Our Southern Highlanders*. 1922. Reprint, Knoxville: University of Tennessee Press, 1976.

Kerr,James M. *“A Pastor’s View of Religion in Appalachia.”* In *Religion in Appalachia: Theological, Social, and Psychological Dimensions and Correlates,* edited by John D. Photiadis, 65 -78. Morgantown: West Virginia University Press, 1978.

Kleinman, Arthur. *The Illness Narratives*. NewYork: Basic Books, 1988.

——. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press, 1980.

Kloss, Jethro. *Back to Eden: Healing Herbs, Home Remedies, Diet, and Health*. Coalmont, Tenn.: Longview Publishing House, 1939.

Koenig, H. G., and D. B. Larson. *“Use of Hospital Services, Religious Attendance, and Religious Affiliation.” Southern Medical Journal* 91 (1998): 925-32.

Koenig, H. G., K. I. Pargament, and J. Nielsen. *“Religious Coping and Health Status in Medically Ill Hospitalized Older Adults.” Journal of Nervous Mental Disorders* 9 (1998): 513-21.

Kolata, Gina. *Flu: The Story of the Great Influenza Pandemic of 1918 and the Search for the Virus That Caused It*. New York: Farrar, Straus, and Giroux,1999.

Krochmal, Arnold, Russell S. Walters, and Richard M. Doughty. *A Guide to Medicinal Plants of Appalachia*.U.S.Department of Agriculture Forest Service Research Paper NE-138, 1969.

Landy, David. *“Role Adaptation: Traditional Curers under the Impact of Western Medicine.”* In *Culture, Disease, and Healing*, edited by David Landy, 46880. NewYork: Macmillan, 1977.

Lane, Penelope. *“The Collection of Medicinal Plants: How and Why Was It Done in Southern Appalachia.”* 1989. *Manuscript on file in the Department of Sociology and Anthropology,* East Tennessee State University, Johnson City, Tennessee.

Lang, Forrest, Dana Thompson, Brock Summers, Wesley Hanson, and Michael Hood. *“A Profile of Health Beliefs and Practices in a Rural East Tennessee Community.” Journal of the Tennessee Medical Association* 81 (1988): 229-33.

Levin, J. S., and L. M. Chatters. *“Religion, Health, and Psychological Well-Being in Older Adults: Findings from Three National Surveys.” Journal of Aging Health* 10 (1998): 504-31.

Lewis, Meriwether. *“On the Popular Materia Medica of East Tennessee.” Nashville Journal of Medicine and Surgery* 20 (1877): 272-77.

Lindsey, April. *“Battle on the Homefront: The Influenza Epidemic of 1918.”* 1999. *Manuscript on file in the Department of Sociology and Anthropology*, East Tennessee State University, Johnson City, Tennessee.

Logan, Michael H. *“Humoral Medicine in Guatemala and Peasant Acceptance of Modern Medicine.”* In *Health and the Human Condition*, edited by Michael H. Logan and Edward E. Hunt, 363-75. North Scituate, Mass.: Duxbury Press, 1978.

Logan, Patrick. *Irish Country Cures*. NewYork: Sterling Publishing Company, 1994.

Logsdon, Charles W. *“Plant Medicine of the Southern Appalachians, I. Hematic Herbs (The Tonics of Spring).” Tennessee Anthropologist* 11 (1986): 55-68.

Long, Grady. *“Folk Medicine in McMinn, Polk, Bradley, and Meigs Counties, Tennessee, 1910-1927.” Tennessee Folklore Society Bulletin* 28 (1962): 1-8.

Lopes, Danielle, Joan Moser, and Annie L. Perkinson. *Appalachian Folk Medicine: Native Plants and Healing Traditions*. Swannanoa, N.C.: Warren Wilson College Press, 1997.

Lornell, Kip. *“‘Sod’ Rogers: Tipton County Herbalist.” Tennessee Folklore Society Bulletin* 48 (1982): 61-65.

Lovingood, James W. *Chattanooga and Hamilton County Medical Society: The Profession and Its Community*. Chattanooga, Tenn.: Chattanooga and Hamilton County Medical Society, 1983.

Ludwig, Arnold M. *“‘Nerves’: A Sociomedical Diagnosis ... of Sorts.” American Journal of Psychotherapy* 36 (1982): 350-57.

Ludwig, Arnold M., and Rebecca L. Forrester. *"The Condition of Nerves." Journal of the Kentucky Medical Association* 79 (1981): 333-36.

Lumpkin, Ben Gray. *"Remedies." Tennessee Folklore Society Bulletin* 42 (1976): 65-69.

Lust, John. *The Herb Book*. New York: Benedict Lust, 1974.

Marcus, Alan T. *"The South's Native Foreigners: Hookworm as a Factor in Southern Distinctiveness."* In *Disease and Distinctiveness in the American South*, edited by Todd L. Savitt and James Harvey Young, 79-99. Knoxville: University of Tennessee Press, 1988.

Mason, L. *"Home Remedies of West Virginia." West Virginia Folklore* 7 (1957): 27-36.

Massey, Ellen Gray. *Bittersweet Country*. Garden City, N.Y.: Anchor/Doubleday, 1978.

Mbiti, John S. *African Religions and Philosophy*. London: Heinemann, 1985.

McCallister, Ron. *Frontier Medicine: Practitioners, Practices, and Remedies on America's First Frontier, Northeast Tennessee, 1770-1850*. Piney Flats, Tenn.: Rocky Mount Museum Press, 2000.

McCauley, Deborah V. *Appalachian Mountain Religion*. Urbana: University of Illinois Press, 1995.

McClean, Patricia. *"Conjure Doctors in Eastern North Carolina." North Carolina Folklore* 20 (1972): 21-29.

McCoy, Edain. *Mountain Magick: Folk Wisdom from the Heart of Appalachia*. St. Paul, Minn.: Llewellyn Publications, 1997.

McGlasson, Cleo. *"Superstitions and Folk Beliefs of Overton County." Tennessee Folklore Society Bulletin* 7 (1941): 13-19.

McMullen, John. *"Trachoma: A Disease of Equal Importance to the Ophthalmologist and Public Health Officer and What the Government Is Doing to Eradicate and Prevent Its Further Spread." Southern Medical Journal* 10 (February 1917): 130-35.

McWhorter, Bruce. *"Superstitions from Russell County, Kentucky." Kentucky Folklore Record* 12 (1966): 11-14.

Micozzi, Marc S. *"Characteristics of Complementary and Alternative Medicine."* In *Fundamentals of Complementary and Alternative Medicine*, edited by Marc S. Micozzi, 3-8. New York: Churchill Livingstone, 1996.

Miles, Emma Bell. *Spirit of the Mountains*. 1905. Reprint, Knoxville: University of Tennessee Press, 1975.

Montgomery, Michael. *"Myths: How a Hunger for Roots Shapes Our Notions about Appalachian English." Now and Then* 17 (2000): 7-13.

Mooney,James. *"Folk-lore of the Carolina Mountains." Journal of American Folk-Lore* 2 (1889): 95-104.

Mooney,James, and Frans M. Olbrechts. *The Swimmer Manuscript: Cherokee Sacred Formulas and Medicinal Prescriptions.Bureau of American Ethnology, Bulletin* no. 99. Washington, D.C.: Government Printing Office, 1932.

Morgan, H. J. *"Epidemic of Symmetrical Peripheral Neuritis in Tennessee." Journal of the Tennessee Medical Association* 23 (1930): 175-76.

Morgan, John P., and Thomas C. Tulloss. *"The Jake Walk Blues: A Toxicologic Tragedy Mirrored in American Popular Music." Annals of Internal Medicine* 85 (1976): 804-8.

Morton, Joan. *"Superstitions and Beliefs Concerning Babies in Southern Ap-palachia."* In *Glimpses of Southern Appalachian Folk Culture*, edited by Charles F. Faulkner and Carol E. Buckles, 1-19. Chattanooga, Tenn.: Tribute Press and Printing Company, 1978.

Moss, Kay K. *Southern Folk Medicine, 1750-1820*. Columbia: University of South Carolina Press, 1999.

Mullins, Gladys. *"Herbs of the Southern Highlands and Their Medicinal Uses." Kentucky Folklore Record* 18-19 (1973): 36-41.

Murphree, Alice H. *"A Functional Analysis of Southern Folk Beliefs Concerning Birth." American Journal of Obstetrics and Gynecology* 102 (1968): 125-34.

Murphy, Charles H. *"A Collection of Birth Marking Beliefs from Eastern Kentucky." Kentucky Folklore Record* 8 (1964): 36-38.

Murphy, E. Jefferson. *History of African Civilization*. New York: Dell Publishing, 1972.

Nader, Laura. *"Up the Anthropologist—;Perspectives Gained from Studying Up."* In *Reinventing Anthropology*, edited by Dell Hymes, 284-311. New York: Vintage Books, 1974.

Nations, Marilyn K., Linda A. Camino, and Frederic B. Walker. *"'Hidden' Popular Illnesses in Primary Care: Residents' Recognition and Clinical Implications." Culture, Medicine, and Psychiatry* 9 (1985): 223-40.

Neely, Sharlotte. *Snowbird Cherokees: People of Persistence*. Athens: University of Georgia Press, 1991.

Nesbit, Malvina G. *"Better Health for Our Mountain People." Southern Mountain Life and Work* 2 (1926): 23, 30.

Norris, Ruby R. *"Folk Medicine of Cumberland County." Kentucky Folklore Record* 45 (1958): 101-10.

Numbers, Ronald L. *"Do-It-Yourself the Sectarian Way."* In *Medicine without Doctors*, edited by Guenter B. Risse, Ronald L. Numbers, and Judith W. Leavitt, 49-72. New York: Science History Publications, 1977.

O'Connor, Bonnie Blair. *Healing Traditions, Alternative Medicine and the Health Professions*. Philadelphia: University of Pennsylvania Press, 1995.

O'Connor, Bonnie Blair, and David J. Hufford. *"Understanding Folk Medicine."* In *Healing Logics: Culture and Medicine in Modern Belief Systems*, edited by Erika Brady, 13-35. Logan: Utah State University Press, 2001.

O'Dell, Ruth W. *"Before You Call the Doctor." Tennessee Folklore Society Bulletin* 17 (1951): 29-31.

Oliver, Duane. *Hazel Creek from Then til* Now. Jefferson, N.C.: McFarland and Company, 1989.

Olson, Ted. *Blue Ridge Folklife*. Jackson: University Press of Mississippi, 1998.

Oxreider, Julie. *"Folklife and Folklore from Amherst County, Virginia, Told by Mrs. Lenis Foster Murphy." Kentucky Folklore Record* 22 (1976): 47-51.

Painter, Jacqueline Burgin. *An Appalachian Medley: Hot Springs and the Gentry Family*. Asheville, N.C.: Biltmore Press, 1994.

Parker, Haywood. *"Folk-Lore of the North Carolina Mountaineers." Journal of American Folk-Lore* 20 (1907): 241-50.

Parris, John. *"Folklore and Folkways."* In *The History of Jackson County, North Carolina*, edited by Max R. Williams, 480-530. Sylva, N.C.: Jackson County Historical Society, 1987.

Payer, Lynn. *Medicine and Culture*. New York: Penguin Books, 1988.

Pearsall, Marion. *"Communicating with the Educationally Deprived." Mountain Life and Work* 42 (1966): 8-11.

Pedigo, Sue N. *"Chihuahua: Asthma Cure." Kentucky Folklore Record* 2 (1956): 135-36.

Pendelton, Nicki. *"The Doctor Is IN (Town): East Tennessee Soft Drink Moves into the Midstate." Nashville Banner*, 14 January 1998, 44.

Pierce, R. V. *The People's Common Sense Medical Adviser in Plain English: or, Medicine Smpltfied. Buffalo*, N.Y.: The World's Dispensary Printing Office and Bindery, 1895.

Platt, Samuel J., and Mary L. Ogden. *Medical Men and Institutions of Knox County, Tennessee*. Knoxville, Tenn.: Knoxville Academy of Medicine, 1969.

Poole, Ernest. *Nurses on Horseback*. New York: Macmillan, 1941.

Porter, F. Hampden. *"Notes on the Folk-Lore of the Mountain Whites of the Alleghanies." Journal of American Folklore* 25 (1894): 105-17.

Prewitt, Martha. *"Mothers and Babies in Leslie County, Kentucky." Southern Mountain Life and Work* 2 (1926): 8-10.

Price, Edward T. *"Root Digging in the Appalachians." Geographical Review* 50 (1960): 1-20.

Pruitt, Virginia. *"The Bold Hives in Tennessee." Tennessee Folklore Society Bulletin* 30 (1964): 69-71.

Puckett, Newbell Niles. *Folk Beliefs of the Southern Negro*. Chapel Hill: University of North Carolina Press, 1926.

Purnell, Larry D., and Mona Counts. *"Appalachians."* In *TransculturalHealth Care: A Culturally Competent Approach*, edited by Larry D. Purnell and Betty J. Paulanka, 107-35. Philadelphia: F. W. Davis, 1998.

Quillen, Bess B. *In the East Kentucky Hills*. Philadelphia: Dorrance and Company, 1970.

Raine, James Watt. *The Land of Saddle-bags, A Study of the Mountain People of Appalachia*. New York: Council of Women for Home Missions and Missionary Education Movement of the United States and Canada, 1924.

Raitz, Karl B., and Richard Ulack. *Appalachia: A Regional Geography*. Boulder, Colo.: Westview Press, 1984.

Randolf, Agnes D. *"Tuberculosis Clinics in Virginia Mountain Hollows." Southern Mountain Life and Work* 2 (1926): 11-13.

Randolph, Vance. *Ozark Magic and Folklore*. New York: Columbia University Press, 1947.

Redfield, W. Adelbert. *"Superstitions and Folk Beliefs." Tennessee Folklore Society Bulletin* 3 (1937): 11-22.

Reecer, Kathleen. *"Folklore in Graves County." Kentucky Folklore Record* 45 (1959): 121-26.

Reynolds, Hubert. *"Grandma's Handbook." Tennessee Folklore Society Bulletin* 16 (1950): 13-14.

Richmond, Phyllis Allen. *"American Attitudes Toward the Germ Theory of Disease, 1860-1880."* In *Theory and Practice in American Medicine*, edited by Gert H. Brieger, 58 -84. New York: Science History Publications, 1976.

Riddle, John M. *Eve's Herbs: A History of Contraception and Abortion in the West*. Cambridge, Mass.: Harvard University Press, 1997.

Rinzler, Carol Ann. *The Wordsworth Dictionary of Medical Folklore. Ware*, Hertfordshire: Wordsworth Editions, 1994.

Roberts, Leonard. *"Floyd County Folklore." Kentucky Folklore Record* 2 (1956): 33-66.

——. *Up Cutshin and Down Greasy: Folkways of a Kentucky Mountain Family*. Lexington: University Press of Kentucky, 1959.

Rogers, E. G. *Early Folk Medical Practices in Tennessee*. Carthage, Tenn.: E. G. Rogers, 1941.

Rohde, Eleanour S. *The Old English Herbals*. New York: Dover Press, 1971.

Rorie, David. *Folk Tradition and Folk Medicine in Scotland*. Edinburgh: Canon-gate, 1994.

Rother, Frances. *"Goiter in the Kentucky Mountains." Southern Mountain Life and Work* 1 (1925): 26, 29.

Rothstein, William. *American Physicians in the Nineteenth Century: From Sects to Science*. Baltimore: Johns Hopkins University Press, 1972.

———. *"The Botanical Movements and Orthodox Medicine."* In *Other Healers: Orthodox Medicine in America*, edited by Norman Gevitz, 29-51. Baltimore: Johns Hopkins University Press, 1988.

Roueche, Berton. *The Orange Man and Other Narratives of Medical Detection*. Boston: Little, Brown, 1965.

Rubel, Arthur. *"The Epidemiology of a Folk Illness: Susto in Hispanic America."* In *Disease and Illness: Studies in Medical Anthropology*, edited by David Landy, 119-28. New York: Macmillan, 1977.

Sanderson, Esther S. *County Scott and Its Mountain Folk*. Nashville, Tenn.: Williams Printing Company, 1958.

Schwarzweller, Harry K., James S. Brown, and J. J. Mangalam. *Mountain Families in Transition*. University Park: Pennsylvania State University Press, 1977.

Shapiro, Henry D. *Appalachia on Our Mind*. Chapel Hill: University of North Carolina Press, 1978.

Sharp, Sharon A. *"Folk Medicine Practices: Women as Keepers and Carriers of Knowledge." Women's Studies International Forum* 9 (1986): 243-49.

Shaw, Carol. *"Memories of a Folk Doctor: Dr. Cicero West." North Carolina Folklore* 28 (1980): 22-41.

Shryock, Richard H. *Medicine in America: Historical Essays*. Baltimore: Johns Hopkins University Press, 1966.

Sienknecht, Charles W. *"A Primer in the Rheumatic Diseases for East Tennessee." American Journal of Medicine* 78 (1985): 182-84.

Singer, Mark. *"God and Football." New Yorker*, 25 September 2000.

Snow, Loudell F. *Walkin' over Medicine*. Boulder, Colo.: Westview Press, 1993.

Solomon, Jack, and Olivia P. Solomon. *Cracklin Bread and Asfidity: Folk Recipes and Remedies*. Tuscaloosa: University of Alabama Press, 1979.

Sondley, F. A. *A History of Buncombe County, North Carolina*. 1930. Reprint, Spartanburg, S.C.: Reprint Company, 1977.

Stafford, Margo. *"Fighting the Flu: The Experiences of Two Beckley Nurses." Goldenseal* 10 (1984): 69.

Starr, Paul. *The Social Transformation of American Medicine* . New York: Basic Books, 1982.

Stekert, Ellen J. *"Focus for Conflict: Southern Mountain Medical Beliefs in Detroit." Journal of American Folklore* 83 (1970): 115-56.

Stone, Elizabeth B. *"So Much to Endure: Early Epidemics in the Kanawha Valley." Goldenseal* 10 (1984): 67-68.

Strain, Catherine. *"Folk Medicine in Southern Appalachian Fiction." Master's thesis, East Tennessee State University, 2002. Stuart, Jessee. "Remedies That Stand Out in Memory." Kentucky Folklore Record* 22 (1976): 59-63.

——. *"The Yarb Doctor." Kentucky Folk-Lore and Poetry Magazine* 6 (1931): 4-10

Stucky, J. A. *"Trachoma: Scourge of the Mountains." Southern Mountain Life and Work* 2 (1926): 3 -6.

Sugarman, Jeremy, and Ronald R. Butters. *"Understanding the Patient: Medical Words the Doctor May Not Know." North Carolina Medical Journal* 46 (1985): 415-17.

Sugg, Toni. *"Old Folk Remedies from Greene County." North Carolina Folklore* 22 (1974): 113-14.

Swiney, Cathleen. *"Enuf Is Enough: Tri-City Beverage Corporation Soft Drink Finds Success in Niche Market." Tennessee Magazine*, October 1999, 20-21.

Tanner, Lori. *"Empty Rockers and Sassafras Tea: Clay County Folklore and Folk Medicine." Goldenseal* 21 (1995): 67-69.

Tansey, E. M. *"The Physiological Tradition."* In *Companion Encyclopedia of the History of Medicine*, edited by W. F. Bynum and Roy Porter, 1: 134-58. London: Routledge, 1993.

Thomas, Daniel L., and Lucy B. Thomas. *Kentucky Superstitions*. Princeton, N.J.: Princeton University Press, 1920.

Thomas, Roy Edwin. *Southern Appalachia, 1885-1915*. Jefferson, N.C.: McFar-land and Company, 1991.

Thompson, Lawrence S. *"A Vanishing Science." Kentucky Folklore Record* 45 (1959): 95-106.

Toynbee, Arnold. *A Study of History*. Vol. 2. New York: Oxford University Press, 1947.

Trotter, Robert T. *Curanderismo: Mexican American Folk Healing*. Athens: University of Georgia Press, 1997.

Tyler, Varro E. *The Honest Herbal*. New York: Pharmaceutical Products Press, 1993.

——. *Hoosier Home Remedies*. West Lafayette, Ind.: Purdue University Press, 1985.

Unicoi County, Tennessee, Homecoming ‘86 Committee. *A Century of Home Remedies*. Chicago: Women’s Clubs Publishing Company, 1986.

Vance, Ron. *“Melodic Mountain Memories.”* Cloudland Elementary School, Hampton, Tenn., 1995.

Van Schaik, Eileen. *“Paradigms Underlying the Study of Nerves as a Popular Illness Term in Eastern Kentucky.” Medical Anthropology* 11 (1989): 15-28.

Vogel, Virgil J. *American Indian Medicine*. Norman: University of Oklahoma Press, 1970.

Waggoner, Tim. *The Poor Man’s Medicine Bag: Home Remedies and Helpful Hints*. Knoxville, Tenn.: Kingdom Press, 1984.

Waller, Tom, and Gene Killion. *“Georgia Folk Medicine.” Southern Folklore* 36 (1972): 71-92.

Walls, David S., and Dwight B. Billings. *“The Sociology of Southern Appalachia.” Appalachian Journal* 5 (1977): 131-44.

Warner, John E. *Medicinal Plants of the Cumberland Plateau and Appalachian* Mountains. Crossville, Tenn.: Warner Natural Herb Products, 1996.

Watkins Almanac. Winona,Minn.: J. R. Watkins Company, 1916.

Watkins, Floyd C., and Charles H. Watkins. *Yesterday in the Hills*. Chicago: Quadrangle Books, 1963.

Weller, Jack E. *Yesterday’s People: Life in Contemporary Appalachia*. Lexington: University Press of Kentucky, 1965.

Wharton, May Cravath. *Doctor Woman of the Cumberlands*. Pleasant Hill, Tenn.: Uplands Press, 1953.

Whatley, Marianne H., and Elissa R. Henken. *Did You Hear about the Girl Who . . . ?: Contemporary Legends, Folklore, and Human Sexuality*. New York: New York University Press, 2000.

Whisnant, David. *All That Is Native and Fine*. Chapel Hill: University of North Carolina Press, 1983.

White, Kerr L. *“Physician and Professional Perspectives.”* In *The Task of Medicine*, edited by Kerr L. White, 4-29. Menlo Park, Calif.: Henry J. Kaiser Famly Foundation, 1988.

Whorton, James C. *“Patient, Heal Thyself: Popular Health Reform Movements as Unorthodox Medicine.”* In *Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz, 52-80. Baltimore: Johns Hopkins University Press, 1988.

Wigginton, B. Eliot. *The Foxfire Book*. Garden City, N.Y.: Doubleday, 1972.

———. *“Two Faith Healers Tell Exactly How It’s Done.” North Carolina Folklore* 16 (1968): 163-69.

Williams, Cratis. *“Lawrence County Superstitions: Pregnancy, Childbirth, and Infancy.” Kentucky Folklore Record* 3 (1956): 137-40.

Wilson, Gordon. *“Animal Products and Minerals in Folk Medicines in the Mammoth Cave Region.” North Carolina Folklore* 16 (1968): 177-81.

———. *“Folklore in Certain Professions: Physician and Folklore.” Tennessee Folklore Society Bulletin* 25 (1969): 1-5.

———. *“Local Plants in Folk Remedies in the Mammoth Cave Region.” Southern Folklore Quarterly* 32 (1968): 320-26.

———. *“‘Store Bought’ Remedies in the Mammoth Cave Region.” North Carolina Folklore* 16 (1968): 58-62.

Withington, Alfreda. *Mine Eyes Have Seen the Glory: A Woman Doctor’s Saga*. New York: E. P. Dutton, 1941.

Woodbridge, Hensley C. *“Asthma and the Chihuahua.” Kentucky Folklore Record* 1 (1956): 133-36.

Woodside, Jane. *"Planting a New Industry in the North Carolina Mountains." Now and Then* 18 (2001): 7-10.

Young, James H. *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*. Princeton, N.J.: Princeton University Press, 1961.

INDEX

Abortion, 131–132
Aconite, 40
African Americans: and hoodoo tradition, 51, 212 (n. 63); inherent power of, 51–52; and parallels with Euro-American folk medicine, 51, 124
Ague. *See* Malaria
Alum, 89, 95, 100, 107, 117, 120
Amber, 133
Ammonia, 101
Andrews Manufacturing Co., 74
Ant, 109
Apple brandy, 91
Arnow, Harriette Simpson, 24, 118
Arsenic, 40
Asafetida, 71, 84, 116, 117, 137
Asheville, N.C., 58, 59
Aspirin, 107, 110
Asthma, 82–83 Astrology, 45, 108, 149, 154
Atmospheric theory, 40
Autointoxication, 41, 124–125, 149, 151
Awiatka, Marilou, 58
Axle grease, 89, 103

Bag Balm, 99
Balm of Gilead, 88, 96, 99
Barney, Sandra L., 26
Batteau, Allen, 1
Bean, James Baxter, 209 (n. 35)
Bedwetting, 115
Bee, 99, 103, 133
Beet, 128
Belly band, 131
Bezoar, 104
Biliousness, 90
Birch, 107
Blackberry, 88, 214 (n. 40)
Black cohosh, 128, 141
Black Draught, 73

Blackgum, 107
Blackhead, 99
Black pepper, 130
Black snakeroot, 90, 93, 128
Black tea, 88, 105, 108
Bleach, 102
Blood: purification of, 65, 75, 99, 125, 149, 159; “sweet” vs. “bitter,” 125 —four states of: high blood, 122–123;low blood, 123–124; thick blood, 124–125; thin blood, 125
Bloodletting, 39, 41, 123. *See also*Cupping
Bloodstopper, 126
Blue gin, 92
Bluestone, 100, 104
Boil, 96
Bolyard, Judith, 62, 176
Boneset, 83, 85, 94, 109, 217 (n. 24)
Borax, 120
Boric acid, 95, 120
Botanics, 25
Branch lettuce, 124
Brass, 114
Breakbone fever, 80
Breast milk (human), 95, 96
Breckenridge, Mary, 28
Bright, John, 35
Brimstone. *See* Sulfur
Broken bone, 111
Brown paper, 98, 103, 105, 109, 115
Brown-Sequard, Eduord, 211 (n. 30)
Bruise, 98
Buchan, William, 33
Buckeye, 89, 107, 114
Burdock, 108, 125, 127, 128–129
Burn, 96
Burn doctor, 97–98
Burvine, 128, 217 (n. 24)
Butter, 96, 117
Buttermilk, 99, 102, 105, 118

Cabbage, 96
Cades Cove, Tenn., 94
Calamine lotion, 102, 103
Calomel, 40, 100, 109, 134
Calumus, 89, 116

Camomile, 114
Campbell, John C., 12, 19, 27, 95
Camphor, 100, 103, 107, 109, 112, 113, 117
Cancer, 150, 155–158, 159–160
Carbolic acid, 98, 132
Carpenter’s square, 120
Carson, Jo, 58
Carter, Thomas Rauleigh, 155–160
Carter’s Little Liver Pills, 90
Castor oil, 41, 86, 87, 89, 91, 92, 94, 101, 105, 120, 131 Cat, 86, 96, 103
Catnip, 110, 116, 119, 121, 128, 136, 141, 178, 217 (n. 24)
Cayce, Edgar, 59
Cayenne pepper, 43, 113, 130, 217(n. 24)
Chapped lips, 99
Charms, 45, 95, 97, 102, 106, 110, 118, 126–127, 133
Chattanooga, Tenn., 23, 35
Chattanooga Medicine Co., 73
Cheese, 88
Cherokee medicine: concepts of illness causation, 48; conjurers, 48, 169; disease origin myth, 55; Euro-American influence on, 49, 214 (n. 41); influence on Euro-American folk medicine, 50. *See also* Native American medicine
Chestnut, 95, 121, 136
Chicken: blood, 103, 116, 120, 154; dung, 98; egg shells, 92; egg white, 96, 97; gizzard, 104, 105; scriffin, 96; split in half, 103, 118
Chicken pox, 115
Chigger, 101
Childbed fever. *See* Puerperal fever
Cholera, 19, 20, 23
Cinchona, 48, 64
Cinnamon oil, 107
Clark, Mary Lou, 160–166
Clove oil, 107
Cloverine salve, 98, 99
Coal, 89, 98
Coal oil. *See* Kerosene
Coca-Cola, 132
Cockleburr, 103, 104, 127, 136
Coffee, 109
Coin, 114, 126
Cold, 83–84
Colic, 21, 116 Collard, 105, 106
Color: black, 96, 103, 116, 120; red, 38, 45, 87, 109, 112, 114, 126
Comfrey, 83, 98, 112, 115

Commercial medicines, 71; and displacement of folk medicine, 180; manufacturers of in Southern Ap-palachia, 73–74
Copper, 112, 114
Constipation, 87
Consumption, 93
Contraception, 132–133
Corn, 64, 93, 100, 105, 115, 119, 127, 131
Cornstarch, 100
Cough, 85
Counterirritant theory, 43, 109, 113
Cow: blood, 98; butter, 96, 117; buttermilk, 99, 102, 105, 118; cream, 102, 105; manure, 93, 96, 99, 100, 105, 107, 131, 137; strippling milk, 93; sweet milk, 100, 102, 105, 110
Cramp, 112
Crellin, John, 177
Croup, 117
Crude drug industry: and dealers, 59, 60–61; and local economy, 59–60
Cultural survivals, 2
Cunningham, Samuel, 25–26
Cupping, 39, 41, 86, 114, 218 (n. 33). *See also* Scarification
Cut, 98

Dandelion, 125, 127
Death watch, 21
Dental care: dentifrices and toothbrushes, 107; teething, 108; toothache and prevention of, 107; tooth extraction, 107
Devil and demons, 163–164, 179, 186. *See also* Religion
Dew poisoning. *See* Fall sores
Diarrhea, 88
Diet, 11; and blood states, 123, 124, 125; diseases caused by, 12
Diphtheria, 19, 117 Dirt, 100
Dirt dauber, 96, 100 Dirty sock, 87
Dishrag, 106
Doctrine of signatures, 55–56
Dog: hair, 104; saliva, 98; teeth, 104
Dog days, 45, 104, 108
Dogwood, 92
Domestic medicine, 33, 35
Dr. Enuf, 75–77
Dropsy, 35–36
Dry skin, 99
Dysentery, 19, 20
Dyspepsia. *See* Indigestion

Earwax, 134

East Tennessee Medicine Co., 73
Egg: shells, 92; white, 96, 97
Elizabethton Herb and Metal Co., 59
Eller, Ronald, 11
English folk medicine: influence of, 31, 84, 97, 106, 120, 126
Engorged breasts, 131
Epsom salts, 41, 87, 89, 99, 102, 112

Faith healing, 46, 176, 180–181. *See also* Religion
Fall sores, 100
Favus. *See* Scald head
Fischer, David Hackett, 31
Flexner, Abraham, 8
Flint, 120
Flour, parched, 88
Flux. *See* Diarrhea
Folgelson, Raymond, 49
Folk healers: recruitment of, 120–121, 122, 170; and role adaptation, 170; attitude of toward official medicine, 172. *See also* Bloodstopper; Burn doctor; Cancer; Herb doctor
Folk illness: bold hives, 135–38; definition of, 135; livergrown, 138; nerves and nervous breakdown, 139–41; white liver, 141–45
Folklore societies, 2
Forget-me-not, 104
Forman, Richard, 35
Foster, George, 36
Franklin County, Tenn., 57
Freckles, 99
Friday, 107
Frog, 103, 105, 118, 133
Frontier Nursing Service, 28
Furman, Lucy, 4, 208 (n. 12)

Garlic, 123
Geritol, 124
German folk medicine: influence of, 31, 45, 52, 126, 138
Germ theory, 40
Gerrard, John, 88
Ginger, 116, 119, 128, 130, 217 (n. 24)
Ginseng, 60, 136
Goiter, 12, 133
Gold, 96, 133
Goldenseal, 87, 89, 93, 95
Gonorrhea, 134
Goody's Headache Powder, 110

Grippe. *See* Influenza
Ground ivy, 119, 136
Gunn, John C., 25, 33–35, 69, 109
Gunpowder, 100, 102, 118, 130, 132

Hadacol, 124
Hair, 52, 104, 110, 119
Headache, 109
Head lice, 22, 100 Heat rash, 100
Hemorrhoid, 88
Herb doctor, 147, 148–154
Heroic therapy, 39, 67
Hickory, 93, 118
Holmes, Oliver Wendell, Sr., 40
Honey, 85, 87, 91, 96, 116, 120, 121, 178
Hookworm, 20
Hops, 110
Horse: hoof, 121; manure, 100; milk, 118, 120
Horsemint, 85, 217 (n. 24)
Hufford, David, 81
Humoral theory, 25, 36, 38, 41, 43, 118, 122, 128

Iatrogenesis, 40, 175
Indiana Herb Gardens, 41–42
Indigestion, 89
Influenza, 19, 85
Insect bite, 101
Iodine, 98, 103, 133
Ipecac, 117
Irish folk medicine: influence of, 84, 95, 98, 101, 106, 120, 126
Iron, 98, 110, 124, 126
Itch, the, 22

J. R. Watkins Medical Co., 74–75
Jake leg paralysis, 110–111
Jalap, 40
Jamaican ginger, 111
Jerusalem oak, 91, 93
Jewelweed, 102
Jimsonweed, 64, 83, 96
Jobe, Abraham, 25–26, 40–41
Jobe's tears, 133
John George Hohman's Pow-Wows, 45

Kellogg, John Harvey, 41
Kephart, Horace, 27, 89
Kerosene, 98, 100, 101, 104, 112, 113, 117, 120, 134, 137
Kidney disorders, 127
Kloss, Jethro, 35, 152
Knoxville, Tenn., 22–23, 33, 93

Lady's slipper, 141
Landrum and Litchfield Co., 74
Laudanum. *See* Opium
Lazaret. *See* Pest house Lead, 126
Leeches, 123
Lime, 94–95
Limestone, 112
Lemon, 99, 109, 117, 125
Liver disorders, 90
Lobelia, 94
Lust, John, 152
Lydia Pinkham's Vegetable Compound, 129

Mad dog bite, 104
Madison County, N.C., 57
Madstone, 104
Magic. *See* Sympathetic magic
Malaria, 20, 92
Manure: cow, 93, 96, 99, 100, 105, 107, 131, 137; horse, 100
Mare's carry, 130
Marking, 119
Marshall, Catherine, 4, 208 (n. 12)
Mastitis, 131
Mayapple, 87, 90, 109
McCauley, Deborah, 46
Measles, 119
Medical College of Virginia, 26
Mellow Yellow, 132
Menstruation, 127–129
Meriwether, Lewis, 3
Miasmatic theory, 23, 25, 39, 41, 49, 93, 94, 99, 118
Midwives, 129–131, 147; negative attitude toward, 28, 235 (n. 293)
Miles, Emma Belle, 56, 89
Milk. *See* Breast milk (human); Cow: strippling milk; Cow: sweet milk; Horse: milk
Milk sickness, 91
Milkweed, 102, 103
Minnow, 83, 109, 121

Misletoe, 130
Molasses, 93, 96, 124 Mole, 108
Mooney,James, 1, 46, 49, 50
Morgan Herb and Metal Co., 59
Mortality rates: in 1916, 19–21
Moss, Kay, 35
Mountain Dew, 132
Mulberry, 90, 92
Mullein, 83, 84, 85, 88, 93, 96, 105
Mustard, 85, 94, 105, 109, 113, 114, 115, 118

Native American medicine: Euro-American influence on, 67; Indian doctors, 69; medicinal plants introduced to Euro-Americans, 66; mystification of, 67, 69, 171–172, 214 (n. 40). *See also* Cherokee medicine
Naturalistic system, 36
Nervine, 141
Neurasthenia, 42
Nightmare, 110
Nightshade, 102
Night sweat, 110
Norman, Mark, 166–169
Nosebleed, 125
Nutmeg, 107, 109
Nymphomania, 145

O'Connor, Bonnie, 32
Olbrechts, Frans, 49
Olive oil. *See* Sweet oil
Onion, 65, 84, 85, 86, 109, 115, 117, 123, 125, 130, 131, 178
Opium, 71, 215 (n. 48)

Parched flour, 88
Paregoric, 88, 107, 116
Parsley, 128
Payer, Lynn, 42
Peach tree, 64, 88, 96, 98, 102, 105, 109, 114
Pellagra, 12, 20, 133
Pennyroyal, 94, 101, 119, 128, 217(n. 24)
Peppermint, 116, 178
Persimmon, 107, 118
Personalistic system, 36, 48
Pest house, 23, 93
Petroleum jelly, 89
Philpott, Jane, 177

Phthisic. *See* Asthma
Physicians: distribution of, 14; education of, 25–28
Pickering, Annis O., 27
Pierce, R. V., 35, 156
Pig, 69, 89; bone, 107, 110, 116; fat back, 96, 105; hoof, 118, 121; lard, 100, 101, 117, 131
Piles. *See* Hemorrhoid
Pill manufacture, 66, 87, 91, 94
Pimple, 99
Pine, 94, 103, 217 (n. 24)
Plantain, 96, 98, 101, 105, 217 (n. 24)
Pneumonia, 86
Poison ivy, 102
Poke, 88, 95, 101, 113, 120, 124, 125, 178
Polecat. *See* Skunk
Popular medicine, 32–33, 41
Potash, 134
Potato, 96, 98, 105, 114, 131
Poultice, 84, 85, 105, 114, 131
Prayer, 46, 186. *See also* Religion
Protestant home missions, 3, 5, 27
Puerperal fever, 131
Puffball, 107
Puking, 39, 40, 94, 109, 117
Pumpkin, 92 Pumpknot, 98
Purging, 41, 89, 90, 93, 96, 103, 109, 125

Queen Anne's lace, 96, 132
Queen of the meadow, 127
Quilling, 66, 87, 130
Quinine, 92, 130

Rabbit brain, 109
Rabbit tobacco, 83, 85, 93, 100
Ragweed, 101, 102, 107, 217 (n. 24)
Raitz, Karl, 6
Ramp, 125
Ratsbane, 85, 90, 94, 120, 121, 127
Rattlesnake, 93, 109, 113, 130
Red clay, 112
Red clover, 117, 122, 133
Red oak, 87, 88, 102, 107, 108
Red worm oil, 113
Religion: and Devil and demons, 163–164, 179, 186; and faith healing, 46, 176, 180–181; fatalistic aspects of, 18, 29, 47, 180; and law of nature, 153–154; mountain, 46; and prayer, 46, 186

Rheumatism, 52, 113
Ringworm, 22, 52, 102
Rogers, E. G., 117
Rorie, David, 137
Rosebud salve, 98, 99
Rosemary, 109
Roundworm, 20, 22, 91
Rue, 128

S. B. Penick Co., 59
Sage, 110, 119, 141
Salt, 87, 98, 102, 103, 104, 107, 119, 178
Saltpeter, 93
Salvarsan, 134
Sarsaparilla, 134
Sassafras, 94, 99, 107, 114, 119, 123, 125, 178
Satyriasis, 145
Sauerkraut, 90
Scabies. *See* Itch, the
Scald head, 22, 102
Scarification, 39, 109, 120, 136
Scarlet fever, 19
Scorched cloth, 131
Scottish folk medicine: influence of, 31, 98, 103, 120, 137–38, 145
Scrofula weed, 120
Senna, 90
Settlement history, 31, 210 (n. 1)
Shapiro, Henry, 1
Sharp, Cecil, 2
Sheep: dung, 120, 134; tallow, 99, 100
Shingles, 103
Side pleurisy, 114
Skullcap, 141
Skunk, 69, 93, 113, 117
Slippery elm, 87, 95, 96, 97, 98, 105, 115
Slobbering, 109
Smallpox, 19, 23
Snake bite, 103
Snow, Loudell, 51
Snuffing the mother, 130
Soda, 89, 96, 101, 102, 105, 107, 149–150, 178
Solomon’s seal, 93
Sore eyes, 22, 95

Sore throat, 87
Sow bug, 90, 109, 112
Spanish flu, 19
Spanish fly, 43, 71, 113
Spearmint, 85
Spicewood, 116, 119, 217 (n. 24)
Spider web, 83, 98, 107
Sprain, 114
Squirrel broth, 84
State folklore societies, 2
Stekert, Ellen, 128, 175
Stewart, Alex, 102
Stone bruise, 105
Stumpwater, 99, 105
Sty, 95–96
Sudden infant death syndrome, 136
Sulfur, 70, 86, 87, 93, 96, 100, 101, 118, 124
Sunburn, 105
Sweating, 43, 84, 85, 86, 94, 114, 119, 125, 218 (n. 35)
Sweet oil, 99, 118, 121, 178
Sympathetic magic, 44, 88, 110, 116, 126, 130; measuring, 83, 122; passing, 56, 116, 122, 137, 138; transference, 52, 83, 106, 107, 114
Syphilis, 134, 144

Tadlock, A. B., 22
Tansy, 116, 128, 130, 141
Tapeworm, 92
Tennessee Medical Society, 22
Therapeutic landscape, 55
Thomsonism, 25, 209 (n. 35)
Thrush, 52, 120
Thyme, 94
Tobacco, 96, 100, 104, 107, 118
Toddy, 84
Tomato, 102
Tonic, 65, 75–77, 96, 124
Toynbee, Arnold, 3
Trachoma, 95
Transylvania University, 26
Trichotomy, 44, 96, 101, 107, 112, 123
Tuberculosis, 93
Turpentine, 85, 86, 87, 91, 98, 99, 100, 101, 103, 104, 107, 109, 112, 113, 114, 116, 117, 118, 130, 132, 178
Typhoid fever, 94–95

Ulack, Richard, 6
Urine, 85, 95, 99, 117, 118, 120, 154; chamber-lye, 112, 117; maid's water, 85

Vanila extract, 97
Vinegar, 85, 87, 96, 98, 99, 105, 109, 112, 113, 115, 117, 120, 132, 178

W. T. Rawleigh Co., 74
Waggoner, Tim, 151–154
Walnut, 102, 103
Warner Herb Company, 61
Wart, 105 Watercress, 124
Water: creek flowing eastward, 110; first rain in May, 95, 99, 100; first snow in March, 97; mule trough, 95; snow wate, 95; spas, 23, 57, 111; spring, 56
Watermelon, 115, 127
Watkins Red Liniment, 85, 88, 98, 109, 113, 127
Weller, Jack E., 29
West, Cicero, 158–160
Wharton, May, 30
Whiskey, 93, 104, 107, 113, 116, 117, 131, 132, 141, 178
White oak, 120
White snakeroot, 91
Whooping cough, 19, 121
Wild cherry, 85, 92, 93, 113, 117, 123, 217 (n. 24)
Willow, 93, 102, 107, 115, 128, 217(n. 24)
Wine of Cardui, 73, 129
Wintergreen, 120
Witchcraft, 50, 162
Witch hazel, 88, 105, 128
Wright, Isaac, 35

Yellow Creek Botanical Institute, 62
Yellow fever, 23–24
Yellowroot, 133, 178

Zinc sulfate, 156